

**The Department of Veterans Affairs?
Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
Fiscal Year 2002**

May 21, 2003

**Sharon Medak
Associate Project Director**

**Catherine Leda Seibyl, MSN MPH
Project Director**

**Robert Rosenheck MD
Director**

**Department of Veterans Affairs
Northeast Program Evaluation Center (182)
VA Health Services Research & Development Service
VA Connecticut Healthcare System
West Haven, CT 06516
(203) 937-3850; FAX (203) 937-3433
vawww.nepec.mentalhealth.med.va.gov**

Acknowledgements

The PRRTTP programs proceed under the guidance of Laurent Lehmann MD and Mary A. Jansen PhD, Chief and Deputy Chief Consultant Mental Health Strategic Health Group (MHSBG), respectively; and are collaboratively developed by consultation with Christine Woods, Richard Suchinsky MD, William Van Stone MD, Robert Gresen PhD, Anthony Campinell MA and Jamie Ploppert of the MHSBG with assistance from Judy Patten.

Members of PRRTTP treatment teams aided the preparation of this report nationally by providing annual report information. At the Northeast Program Evaluation Center (NEPEC) we would like to thank Bernice Zigler for her expertise in data management and computer programming.

Sharon Medak
Catherine Leda Seibyl MSN MPH
Robert Rosenheck MD

May 2003

Table of Contents

ACKNOWLEDGMENTS	i
TABLE OF CONTENTS	iii
A. Psychosocial Residential Rehabilitation Treatment Programs (PRRTP)	1
B. Evaluation and Monitoring Methods	2
C. Results	4
D. Conclusions	6
APPENDICES	7
Appendix A. VHA Directive 2001-010 issued March 1, 2001.....	9
Appendix B. PRRTP Annual Narrative Form For Fiscal Year 2002.....	31
Appendix C. Data Excluded from the Patient Specific Analyses.....	37
Appendix D. Data Tables.....	41
Table 1a. PRRTP Program Characteristics; Operating Beds, Location of Program and Most Frequent Populations Seen by PRRTP Type For FY02.....	43
Table 1b. Number of PRRTP Programs, Operating Beds, Discharges and FTEE-to-Operating Bed Ratio by Fiscal Year	44
Table 1c. Summary of Program Changes During FY02	45
Table 2. PRRTP Program Characteristics; Services Provided by PRRTP Type for FY02.....	46
Table 3. PRRTP Program Characteristics; Staffing by PRRTP Type for FY02	47
Table 4. PRRTP Program Characteristics; Night, Weekend and Evening Coverage by PRRTP Type for FY02	48
Table 5a. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files).....	49
Table 5b. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); SAR RTP Programs.....	50
Table 5c. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); General PRRTP Programs.....	51
Table 5d. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); PRRP Programs.....	52
Table 5e. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); SA CWT/TR Programs.....	53
Table 5f. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); HCM I CWT/TR Programs.	54

Table 5g. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); PTSD and General CWT/TR Programs.....	55
Table 6a. Number of PRRTPs by VISN and by Fiscal Year.....	56
Table 6b. Number of SARRTPs by VISN and by Fiscal Year.....	57
Table 6c. Number of General PRRTPs and PRRPs by VISN and by Fiscal Year.....	58
Table 6d. Number of SA CWT/TR and HCMI CWT/TR Programs by VISN and by Fiscal Year.....	59
Table 7a. Number of PRRTTP Beds by VISN and by Fiscal Year.....	60
Table 7b. Number of Discharges by VISN and by Fiscal Year.....	61
Table 7c. Mean Length of Stay by VISN and by Fiscal Year.....	62
Table 8. Total FTEE and Ratio of FTEE to Operational Beds by VISN and by Fiscal Year.....	63
Table 9. Most Frequent Target Populations Treated in PRRTPs by VISN For FY02.....	64
Table 10. Most Frequent Special Patient Populations Treated in PRRTPs By VISN for FY02.....	65
Table 11. Mean Ratings of the Importance of Services Directly Provided By PRRTTP Staff by VISN for FY02.....	66
Table 12. Location of PRRTTP Programs by VISN for FY02.....	67
Table 13. Type of PRRTTP, Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio by VISN and by Site for FY02.....	68
Table 13a. SARRTP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY02.....	71
Table 13b. General PRRTTP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY02.....	72
Table 13c. PRRP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY02.....	73
Table 13d. SA CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY02.....	74
Table 13e. HCMI CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY02.....	75
Table 13f. PTSD and General CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY02.....	75
Table 14a. SARRTP Operational Beds, Total FTEE and FTEE by Discipline for FY02.....	76
Table 14b. General PRRTTP Operational Beds, Total FTEE and FTEE by Discipline for FY02.....	77
Table 14c. PRRP Operational Beds, Total FTEE and FTEE by Discipline for FY02.....	78

Table 14d. SA CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY02	79
Table 14e. HCMI CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY02	80
Table 14f. PTSD and General CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY02	80
Table 15a. Top Three Most Frequently Seen Diagnostic Groups in SARRTPs for FY02	81
Table 15b. Top Three Most Frequently Seen Diagnostic Groups in General PRRTPs for FY02	82
Table 15c. Top Three Most Frequently Seen Diagnostic Groups in PRRPs for FY02	83
Table 15d. Top Three Most Frequently Seen Diagnostic Groups in SA CWT/TRs for FY02	84
Table 15e. Top Three Most Frequently Seen Diagnostic Groups in HCMI CWT/TRs for FY02	85
Table 15f. Top Three Most Frequently Seen Diagnostic Groups in PTSD and General CWT/TRs for FY02	85
Table 16a. Top Three Most Frequently Seen Special Patient Populations in SARRTPs for FY02	86
Table 16b. Top Three Most Frequently Seen Special Patient Populations in General PRRTPs for FY02	87
Table 16c. Top Three Most Frequently Seen Special Patient Populations in PRRPs for FY02	88
Table 16d. Top Three Most Frequently Seen Special Patient Populations in SA CWT/TRs for FY02	89
Table 16e. Top Three Most Frequently Seen Special Patient Populations in HCMI CWT/TRs for FY02	90
Table 16f. Top Three Most Frequently Seen Special Patient Populations in PTSD and General CWT/TRs for FY02	90
Table 17a. Ratings of the Importance of Services Provided Directly by SARRTP Staff for FY02	91
Table 17b. Ratings of the Importance of Services Provided Directly by General PRRTP Staff for FY02	92
Table 17c. Ratings of the Importance of Services Provided Directly by PRRP Staff for FY02	93
Table 17d. Ratings of the Importance of Services Provided Directly by SA CWT/TR Staff for FY02	94

Table 17e. Ratings of the Importance of Services Provided	
Directly by HCMC CWT/TR Staff for FY02	95
Table 17f. Ratings of the Importance of Services Provided	
Directly by PTSD and General CWT/TR Staff for FY02.....	95
Table 18a. Location of SARSTP Programs for FY02.....	96
Table 18b. Location of General PRSTP Programs for FY02.....	97
Table 18c. Location of PRSTP Programs for FY02.....	98
Table 18d. Location of SA CWT/TR Programs for FY02.....	99
Table 18e. Location of HCMC CWT/TR Programs for FY02.....	100
Table 18f. Location of PTSD and General CWT/TR Programs for FY02.....	100
Table 19a. SARSTP Program Characteristics, Night, Weekend	
And Evening Coverage for FY02	101
Table 19b. General PRSTP Program Characteristics, Night, Weekend	
And Evening Coverage for FY02	102
Table 19c. PRSTP Program Characteristics, Night, Weekend	
And Evening Coverage for FY02	103
Table 19d. SA CWT/TR Program Characteristics, Night, Weekend	
And Evening Coverage for FY02	104
Table 19e. HCMC CWT/TR Program Characteristics, Night, Weekend	
And Evening Coverage for FY02	105
Table 19f. PTSD and General CWT/TR Program Characteristics,	
Night, Weekend and Evening Coverage for FY02	105

The Department of Veterans Affairs?
Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
Fiscal Year 2002

In 1995 the Department of Veterans Affairs responded to the need for alternatives to high intensity psychiatric hospitalization for Seriously Mentally Ill (SMI) veterans by creating the Psychosocial Residential Rehabilitation Treatment Program (PRRTP)¹. The PRRTP program, now in its eighth year of operation, provides a level of VA bed care that complements acute inpatient psychiatric treatment and provides continuity of care to veterans with serious mental illnesses and addictive disorders who require symptom reduction, additional structure and supervision to address their multiple and severe psychosocial deficits, including homelessness. Currently there are 97 programs at 64 medical center campuses with a total of 1,858 operating beds. This report, the seventh in a series of progress reports, describes the ongoing operation of PRRTPs during fiscal year 2002.

A. Psychosocial Residential Rehabilitation Treatment Programs (PRRTP)

Designed to improve the quality of life, promote health maintenance and to diminish reliance on more resource intensive forms of VA treatment, PRRTPs provide a 24-hour-per-day, 7-day-per-week structured therapeutic milieu for veterans with mental illnesses and/or addictive disorders. Veterans are required to participate in rehabilitative activities at least 4 hours per day, 7 days per week (VHA Directive 2001-010 dated March 1, 2001 - see Appendix A). In order to be eligible for this level of care, veterans must have a psychiatric and/or psychosocial need, must be clinically stable, must be able to function outside of an acute inpatient program and, must be capable of self-preservation in case of an emergency.

PRRTPs allow for maximum flexibility of program design based on the diverse needs of the veteran population. There is flexibility in the structure used for service delivery, in the types and number of clinicians and para-professionals staffing the program, in the length of program duration and, in the size and physical location of the program.

There are two basic PRRTP models for service delivery. The first PRRTP service delivery model is an ***all-inclusive residential model*** where staff dedicated to the PRRTP provides all the treatment and psychosocial rehabilitative services to veterans in the program. The second model is a ***supportive residential model*** whereby the intensive treatment is provided outside the residence through VA outpatient treatment services (e.g. outpatient substance abuse, Compensated Work Therapy, day treatment programs etc). However, PRRTP staff are responsible for screening and assessment, treatment/rehabilitation plan development, case management, 24 hours per day / 7 days per week supervision or callback and, providing the supportive residential rehabilitative environment during evenings, nights and weekends.

¹ Formerly called the Psychiatric Residential Treatment Program (PRRTP).

The PR RTP program requires a multidisciplinary team. The team may include clinicians from outpatient programs where veterans participating in the PR RTP program are receiving treatment and rehabilitation. In some PR RTP programs (e.g. Compensated Work Therapy / Transitional Residences), a senior resident or graduate of the program or non-professional staff may supervise the residence during evenings, nights and/or weekends. These individuals are trained for these house manager responsibilities and have available back up of PR RTP professional staff by pager/phone for any emergencies that may arise at the residence.

PR RTP Categories

There are seven categories of PR RTPs (see VHA Directive 2001-010, Appendix A), classified as follows:

- (1) **SAR RTP** - a Substance Abuse Residential Rehabilitation Treatment Program targeting veterans with substance abuse disorders;
- (2) **General PR RTP** - a Psychiatric Residential Rehabilitation Treatment Program targeting a general psychiatric patient population;
- (3) **PR RP** - a PTSD Residential Rehabilitation Program targeting veterans with post-traumatic stress disorder (PTSD);
- (4) **SA CWT/TR** - a Substance Abuse Compensated Work Therapy / Transitional Residence Program;
- (5) **HCMI CWT/TR** - a Homeless Chronically Mentally Ill Compensated Work Therapy / Transitional Residence Program;
- (6) **PTSD CWT/TR** - a Posttraumatic Stress Disorder Compensated Work Therapy / Transitional Residence Program, and;
- (7) **General CWT/TR** - a Compensated Work Therapy / Transitional Residence Program that is not targeted exclusively for any particular psychiatric condition.

Each of the above PR RTP categories has it's own CDR (Cost Distribution Report) account and PTF (Patient Treatment File) Treating Specialty Code. During FY 2002 all seven PR RTP categories were operational.

B. Evaluation and Monitoring Methods

The Northeast Program Evaluation Center (NEPEC) located at VA Connecticut Healthcare System, West Haven Campus, has been mandated by VHA Headquarters to evaluate PR RTPs. The goals of the evaluation are twofold; first, to provide an ongoing assessment of this bed level of care and second, to provide a description of the veterans receiving treatment in this program and the types of services provided. Findings from the previous progress reports indicate that PR RTP programs provide important treatment and rehabilitative services to special high risk patient populations; homeless

veterans, veterans with substance abuse problems, female veterans, the elderly and those veterans with severe and chronic mental disabilities, including veterans with PTSD ².

Data Sources. The data used for generating this report were the same as in previous years. Two types of data are used: 1) program-specific data, and 2) patient-specific data. *Program-specific data* are obtained from annual narratives submitted to NEPEC at the end of each fiscal year as mandated by VHA Directive 2001-010. The narrative, a 4-page data form utilizing a simple check format (see Appendix B) includes information on the number of operational beds, staffing, the types of veterans being served by the program and the services provided. *Patient-specific data* are obtained from VA's inpatient Patient Treatment File (PTF) and extended care file in Austin, Texas. The following information was obtained from these two Austin files: 1) the number of veterans discharged from PRRTs during FY2002, 2) mean length of stay (truncated to 365 days), 3) gender, 4) ethnicity, 5) compensation status, and 6) clinical psychiatric diagnoses (see Tables 5a – 5g). NEPEC performed four data reviews of the PTF and extended care datasets during FY 2002 in hopes of identifying medical center facilities with coding problems and correcting errors, if possible. Generally the number of coding problems have decreased over the years, however, several types of coding errors still persist. First, six medical centers reported discharges in the PTF and did not have a PRRT program type that corresponded to the PTF code used (see Appendix C). These 62 discharges were excluded from the data analyses generated for this report. Second, a number of medical centers with PRRTs used the incorrect PRRT category code. Since the occurrence of this error type was minimal during FY 2002, patient-specific analyses were conducted by PRRT category and adjustments were made by NEPEC to correct errors (see footnotes in Tables 13a – 13f). And finally, a number of VA medical centers with known PRRTs under-reported PRRT discharges in the PTF during FY 2002.

² Medak, Seibyl and Rosenheck (2002). Summary Results of the FY 2001 Psychosocial Residential Rehabilitation Treatment Program (PRRT). West Haven, CT: Northeast Program Evaluation Center. Medak, Seibyl and Rosenheck (2001). Summary Results of the FY 2000 Psychosocial Residential Rehabilitation Treatment Program (PRRT). West Haven, CT: Northeast Program Evaluation Center. Medak, Seibyl and Rosenheck (2000). Summary Results of the FY 1999 Psychosocial Residential Rehabilitation Treatment Program (PRRT). West Haven, CT: Northeast Program Evaluation Center. Seibyl, Medak and Rosenheck (1999) Summary Results of the FY 1998 Psychosocial Residential Rehabilitation Treatment Program (PRRT). West Haven, CT: Northeast Program Evaluation Center. Seibyl, Medak and Rosenheck (1998) Summary Results of the FY 1997 Psychosocial Residential Rehabilitation Treatment Program (PRRT). West Haven, CT: Northeast Program Evaluation Center. Rosenheck, Medak and Seibyl (1997) Summary Results of the FY 1996 Psychiatric Residential Rehabilitation Treatment Program (PRRT). West Haven, CT: Northeast Program Evaluation Center.

C. Results

This narrative provides information for program managers at the national level, VISN level and local medical center level by presenting a series of 19 tables (see Appendix D). Tables 1 - 5 contain national data for the program overall as well as for each PR RTP category, Tables 6 - 12 summarize data by VISN, Tables 13a – 13f present the number of discharges and length of stay by PR RTP category and VA medical center based on data from the Austin data files, and the remaining tables (Tables 14 - 19), present summary data organized by individual PR RTPs within each PR RTP category. Highlighted below are key findings:

* Data for this report were obtained on 97 PR RTPs with a total of 1,858 beds located at 64 VA medical facilities across the country that were operational during all or part of FY 2002 (Table 1a).

* Compared to the previous fiscal year, overall there were two fewer PR RTP programs (97 programs in FY 2002 vs. 99 programs in FY2002), 50 fewer beds (1,858 beds in FY 2002 vs. 1,908 beds in FY2001) and 532 more discharges (11,666 discharges in FY 2002 vs. 11,134 discharges in FY2001). The greatest bed losses occurred within SAR RTP programs (71 beds) where there was a net loss of 3 SAR RTPs programs. Despite the bed losses in the SAR RTP programs, there were 216 more discharges in FY 2002 compared to the previous fiscal year (7,171 discharges in FY 2002 vs. 6,955 discharges in FY 2001) (Table 1b).

* Of the 97 PR RTPs operational during all or part of FY 2002, 36.1% (n=35) were SAR RTPs, targeting veterans with alcohol or drug abuse problems, 25.8% (n=25) were SA, HCMI, PTSD or General CWT/TR programs targeting veterans with concomitant problems of either substance abuse, mental illness or homelessness with vocational deficits; 20.6% (n=20) were general PR RTPs targeting veterans with general psychiatric problems and 17.5% (n=17) were PR RTPs, targeting veterans with PTSD (Table 1).

* Special patient populations most frequently targeted for services are homeless mentally ill veterans (94 programs), female veterans (49 programs), elderly veterans (44 programs) and veterans with AIDS or HIV (30 programs)(Table 1).

* PR RTPs emphasize a variety of treatment and rehabilitative services such as discharge planning (100%), substance abuse counseling (100%), relapse prevention (99%), assessment and diagnosis (97.9%), group counseling (97.9%), individual counseling (97.9%), social skills training (96.9%), self-help groups (95.9%), occupational and recreational therapy (95.9%), medication management (92.8%), daily living skills training (92.8%), crises intervention (85.6%), money management (82.5%), couples/family counseling (81.4%), work therapy (78.4%) (Table 2). The degree of emphasis on these services is variable among the seven PR RTP categories as well as within each category (see Tables 2 and 17a – 17f).

* For the 1,841 PRRTTP beds operational during all or part of FY 2002, program sites reported a staff of 758 FTEE with an average FTEE to operational bed ratio of 0.42 (Table 3). There is considerable variability in these ratios among the seven PRRTTP categories: 0.10 in the one general CWT/TR program, 0.13 in the HCMI CWT/TR programs; 0.14 in the SA CWT/TR programs, 0.27 in the one PTSD CWT/TR program; 0.46 in SARRTTPs; 0.50 in general PRRTTPs, and; 0.64 in PRRPs (Table 3).

* The staff of each PRRTTP is made up of VA paid professionals and para-professionals alike. Overall, 37% of all PRRTTP staff are nurses (e.g. RNs, LPNs, and nurses' aides), 13.3% are technicians (e.g. psychology, social work, health and rehabilitative technicians), 9.7% are addiction therapists or counselors and 9.1% are social workers (Table 3). The proportion of these professional and para-professional categories, again, varies among the seven PRRTTP categories and within each category (see Tables 3 and 14a – 14f).

* Table 4 summarizes approaches to night, weekend and evening coverage. The majority of PRRTTPs have either paid VA professional or para-professionals present 24 hours per day / 7 days per week (n=49 programs, 50.5%) while others rely, to some degree, on house managers (n=46 programs, 47.4%) with VA clinical staff available by phone or pager for emergencies. House managers may be ?senior? program participants or, in some instances, program graduates (for a detailed description of a house manager's role and responsibilities see Appendix A - VHA Directive 2001-010). Twelve PRRTTP programs indicated that there are brief periods of time that exist in their programs when a house manager and/or VA clinician are not physically present during evening, night or weekend coverage.

* Veteran characteristics by fiscal year and PRRTTP category are detailed in Tables 5a – 5g. The results of analyses performed on patient-specific data from Austin (n=11,666 veterans) show that, during FY 2002, the vast majority (96.8%) of PRRTTP participants were male. Whites made up 56.3% of veterans admitted to PRRTTPs, African Americans 35.1% and Hispanics 3.1%. The analyses further indicate that PRRTTPs continue to admit a very ill and disabled veteran population with 30.3% of veterans having a service-connected disability. While the most frequent diagnosis is substance abuse/dependency (71.8% total; 48.7% alcohol abuse and 23.1% drug abuse), 16.3% of veterans have a clinical diagnosis of PTSD.

* Compared to the previous fiscal year, the average length of stay in PRRTTPs has remained stable (40.8 days in FY 2002 vs. 39.3 days in FY 2001) (Table 5a).

* PRRTTPs are located in 20 of the 21 VISNs (Table 6). VISN 22 is the only VISN without a PRRTTP program. The largest numbers of PRRTTP programs are in VISN 12, VISN 4 and VISN 8 (13, 8 and 8 PRRTTP programs respectively).

D. Conclusions

It is imperative that PRRTPs continue to provide residential treatment in environments flexible enough to meet a variety of patient care needs. In FY 2002 VA's PRRTPs provided housing, therapeutic treatment and rehabilitative services to special high risk patient populations including the homeless, veterans with substance abuse problems, veterans with a dual diagnosis of substance abuse disorder and severe psychiatric disorder, female veterans and those veterans with severe and chronic mental disabilities, including veterans with PTSD. PRRTPs are a vital part of the continuum of VA's mental health care.

Appendices

Contents of the Appendices

- A. VHA Directive 2001-010 issued March 1, 2001
- B. Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
Annual Narrative Form for Fiscal Year 2002
- C. Data Excluded from the Patient-Specific Analyses
- D. Data Tables

Appendix A
VHA Directive 2001-010 issued March 1, 2001

March 1, 2001

PSYCHOSOCIAL RESIDENTIAL REHABILITATION TREATMENT PROGRAMS (PRRTP)

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides new policy, procedures, and detailed manual reporting requirements for the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) bed level of care.

2. BACKGROUND

a. The Department of Veterans Affairs (VA) established the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) bed level of care in 1995. This distinct level of in-patient mental health care is appropriate for veterans with addictive disorders and serious mental illnesses who require additional structure and supervision to address multiple and severe psychosocial deficits, including homelessness. It recognizes the need for psychiatric treatment and symptom reduction of mental and addictive disorders, while also providing psychosocial rehabilitation, which focuses on a patient's strengths, and provides opportunities to improve functional status. This rehabilitative approach recognizes that persons with mental illness and addictive disorders can achieve their goals for healthy and productive lives. PRRTPs are designed to provide comprehensive treatment and rehabilitative services that will improve quality of life and diminish reliance upon more resource intensive forms of treatment.

b. The rapid development of the PRRTP level of care, prior to fully automated systems to support it, has necessitated a number of computer system "work-arounds" and manual reporting requirements.

c. PRRTP Program definitions are:

(1) **PRRTP.** A Psychosocial Residential Rehabilitation Treatment Program developed for a general psychiatric patient population not otherwise noted in these definitions.

(2) **PRRP.** A Post-traumatic Stress Disorder (PTSD) Residential Rehabilitation Program.

(3) **SARRTP.** A Substance Abuse Residential Rehabilitation Treatment Program.

(4) **HCMC CWT/TR.** A Homeless Chronically Mentally Ill Compensated Work Therapy (CWT) Transitional Residence (TR).

(5) **SA CWT/TR.** A Substance Abuse CWT TR.

(6) **PTSD CWT/TR.** A PTSD CWT TR Program.

(7) **General CWT/TR.** A CWT-based PRRTP not targeted exclusively for any particular mental health population.

NOTE: All types of CWT/TR programs must be operated in accordance with VHA Directive 2001-011, *Compensated Work Therapy Transitional Residences Program*, dated March 8, 2001.

THIS VHA DIRECTIVE EXPIRES JANUARY 31, 2004

VHA DIRECTIVE 2001-010

March 1, 2001

d. **Location.** PRRTPs may be established either on VA medical center grounds, or in community-based facilities owned, leased, or otherwise acquired by VA. Regardless of the location of PRRTP beds, they must be designated as official VA beds in accordance with VA Bed Control Policy and reported on the Gains and Losses (G&L) statement of the associated VA health care system or medical center.

e. **Staffing.** PRRTPs may be minimally staffed, since, by their residential nature, they are designed to maximize peer support and self-care, as compared to a traditional hospital bed. However, the safety and welfare of both PRRTP staff and veterans must be a primary consideration. Additionally, each PRRTP should have a multidisciplinary treatment team to ensure comprehensive assessment and delivery of services to address multi-faceted rehabilitative needs. In addition, twenty-four hour, seven day per week, on-site supervision of PRRTPs is required. The type of staffing provided will be determined by the clinical needs of the veterans served by the PRRTP and by standards applied by external accrediting bodies. In addition, professional PRRTP staff must be on call by radio, telephone or beeper at all times.

h. **Clinical Approaches.** PRRTPs may provide the full services of a 24-hour per day treatment program within the PRRTP residential program itself, or veterans in PRRTPs may participate in an intensive regimen of outpatient services, (such as outpatient substance abuse, PTSD, day treatment, vocational rehabilitation) which are then augmented by the PRRTP residential component of care. In all cases, the residential component emphasizes incorporation of clinical treatment gains into a lifestyle of self-care and personal responsibility. Treatment intensity, environmental structures, milieu, and type of supervision vary based on population served and should be relevant to the diversity of the population, i.e., age, ethnicity, culture, etc. Continuity of care will be ensured by a knowledgeable treatment team utilizing a care management approach. Treatment and rehabilitation goals generally addressed in PRRTPs include, but are not limited to:

- (1) Substance abuse counseling and relapse-prevention.
- (2) Medication management.
- (3) Social, recreational and independent living skills.
- (4) Work or vocational rehabilitation therapy.
- (5) Family education and counseling.
- (6) Housing assistance.

3. POLICY: It is VHA policy to establish a residential level of bed care, distinct from medium and high-intensity in-patient psychiatry beds which provide a 24-hour therapeutic setting for veterans with multiple and severe psychosocial deficits to identify and address goals of health maintenance and improved quality of life, in addition to specific treatment of mental illnesses

and addictive disorders. **NOTE:** *Patients in residential rehabilitation programs must be medically stable, capable of self-preservation in the case of a disaster, are usually responsible for self-medication, and often prepare their own meals. PR RTP residential settings utilize a milieu of peer and professional support, with a strong emphasis on increasing personal responsibility to achieve optimal levels of independence upon discharge to independent or supportive community living.*

4. ACTION

a. The following veterans should be screened for their need of psychosocial residential treatment services:

(1) Veterans requiring 24-hour supervised care who do not meet Interqual criteria for Acute Psychiatry admission,

(2) Veterans receiving outpatient mental health services who lack a stable lifestyle or living arrangement that is conducive to recovery. The following examples are provided to illustrate where residential rehabilitation services are clinically indicated:

- (a) Substance use disorder patients with likelihood of relapse while in outpatient treatment.
- (b) Patients diagnosed with PTSD who are likely to be upset by treatment interventions.
- (c) Homeless veterans with multiple and complex Axis IV psychosocial deficits.
- (d) Potentially unstable psychotic patients.

b. **Beds.** VA PR RTP beds may be established in addition to, or in lieu of Extended Care beds and/or Domiciliary beds, contractual, or community partnership arrangements for residential treatment. PR RTP beds are not to be used solely to address transportation difficulties associated with accessing outpatient treatment, or as a means of temporary lodging.

c. **Approval Authority.** Approval authority for establishment, change or closure of PR RTP beds will be in accordance with VHA Directive 1000.1, VHA Directive 99-030, Authority for Mental Health Program Changes, dated June 30, 1999.

d. **Accreditation.** All PR RTPs must be accredited under the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards for Behavioral Health Care (24-hour settings). PR RP, SAR RTP and (general) PR RTPs who wish to be recognized for state-of-the-art rehabilitative approaches may also choose to be accredited under the Residential Treatment Standards of Commission for Accreditation of Rehabilitation Facilities (CARF). All types of CWT TRs must be accredited under CARF Standards for Community Housing.

VHA DIRECTIVE 2001-010

March 1, 2001

- e. **Residential Costs.** Veterans in PR RTP programs may not be charged residential costs, such as lease expenses, utilities, maintenance, meals, etc., except within CWT TR programs. ***NOTE:*** See VHA Directive 2001-011, for detailed policy and procedures regarding CWT TR legal authorities and programming.
- f. **Eligibility.** PR RTP is considered “hospital care” for purposes of eligibility determinations; therefore, eligibility rules for hospital care would apply for PR RTP admissions.
- g. **Monitoring.** The Northeast Program Evaluation Center (NEPEC) located at the VA Connecticut Healthcare System at West Haven, monitors initial implementation of PR RTPs by conducting an annual survey of facilities reporting PR RTP workload. Outcomes monitoring, to include measures of efficiency, effectiveness and veteran satisfaction are to be developed at each local program as part of quality improvement initiatives, and are to be periodically reviewed for opportunities to improve veteran outcomes and PR RTP performance. ***NOTE:*** Nationally, the PR RTP component of the mental health care continuum will contribute to existing performance measures using the Addiction Severity Index (ASI) and Global Assessment of Functioning (GAF).
- h. Attachment A provides special guidance on systems ‘work-around’ requirements and general administrative management of PR RTPs.
- i. Attachment B provides guidance on clinical program requirements and considerations.
- j. Attachment C provides instructions for completion of Northeast Program Evaluation Center (NEPEC) Annual Survey.
- k. Attachment D describes detailed systems ‘work-around’ instructions for the Veterans Health Information Systems and Technology Architecture (VistA) setup.

5. REFERENCES

- a. VHA Directive 1000.1.
- b. VHA Manual M-1, Part I, Chapter 1.
- c. VHA Directive 99-030.
- d. Mental Health Program Guide 1103.3, dated June 3, 1999.
- e. VHA Manual M-2, Part VII, Chapter 11, "Self-Medication Program," dated August 20, 1993.
- f. VHA Manual M-1, Part I, Chapter 5, "Patient Records," dated June 8, 1995.

March 1, 2001

6. FOLLOW-UP RESPONSIBILITY: Mental Health Strategic Health Group (116D) is responsible for the contents of this Directive. **NOTE:** *Questions may be addressed to the Office of Psychosocial Rehabilitation, Mental Health Strategic Health Group, VHA Headquarters, at (757) 722-9961, extension 3654.*

7. RESCISSIONS: VHA Directive 10-95-099 is rescinded. This VHA Directive will expire January 31, 2004.

S/ Dennis Smith for
Thomas L. Garthwaite, M.D.
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 12/18/2001
FLD: VISN, MA, DO, OC, OCRO, and 200 - FAX 12/18/2001

ATTACHMENT A

**GUIDANCE ON THE ESTABLISHMENT AND ADMINISTRATIVE MANAGEMENT
OF A PR RTP**

1. STEPS FOR A VA MEDICAL CENTER TO TAKE

a. Prior to formal submission of a Psychosocial Residential Rehabilitation Treatment Program (PR RTP) proposal, it is suggested that contact be made with the Veterans Health Administration (VHA) Headquarters PR RTP Program Coordinator, Mental Health Strategic Health Group, at (757) 722-9961 x3654. This initial contact allows an opportunity for a brief consultation of the PR RTP plans to permit expeditious approval of formal proposal.

b. The following is to be submitted to the associated Veterans Integrated Services Network (VISN) Director:

(1) A proposal or plan addressing PR RTP activation, (follow format as outlined in VHA Directive 99-030, Authority for Mental Health Program Changes, dated June 30, 1999).

(2) A formal Bed Change Request in accordance with VHA Directive 1000.1.

(3) A letter to VHA Headquarters Director Information Management Service (045A4), THRU the Deputy Assistant Under Secretary for Health (10N), requesting Department of Veterans Affairs (VA) medical center assignment of "PA" suffix , to establish the PR RTP as a separate division of the associated VA medical center

2. STEPS FOR VISN TO TAKE

a. Forward VISN approved proposal to the Deputy Assistant Under Secretary for Health (10N), who will formally request comment from the Chief Consultant for Mental Health and/or other Patient Care Services Strategic Health Groups as appropriate.

b. Forward VISN approved request for PA Suffix letter to: VHA Headquarters, Director Information Management Service (045A4), THRU Deputy Assistant Under Secretary for Health (10N).

c. Upon approval of proposal by the Under Secretary for Health, process Bed Change designation in Bed Control System.

**3. STEPS FOR VA MEDICAL CENTER FISCAL, INFORMATION RESOURCE
MANAGEMENT (IRM) AND MEDICAL ADMINISTRATION SERVICE (MAS) UPON
BEDS BEING ESTABLISHED IN BED CONTROL SYSTEM:**

a. Adjust Gains & Losses (G&L) statement to designate each PR RTP as a separate line item.

b. Establish new division (activate PA suffix) in accordance with Attachment D.

VHA DIRECTIVE 2001-010

March 1, 2001

c. Acquaint Medical Records Coding Staff with the following Treating Specialty Codes, and ensure Decision Support System (DSS) staff establish appropriate DSS departments as follows:

<u>PRRTP Type</u>	<u>Treating Specialty Code</u>	<u>DSS Department</u>
PRRTP (not otherwise specified)	25	P4A1 4A 2034A1
PRRP (PTSD)	26	P4B1 4B 2034B1
SARRTP (Substance Abuse)	27	P4C1 4C 2034C1
HCMC CWT TR (Homeless)	28	P4D1 4D 2034D1
SA CWT TR (Substance Abuse)	29	P4E1 4E 2034E1
PTSD CWT TR	38	P4F1 4F 2034F1
General CWT TR	39	P4G1 4G 2034G1

4. RECURRING VA MEDICAL CENTER FISCAL, IRM, AND MAS MANUAL PROCEDURES

a. Personnel responsible for processing of G&L should submit a PRRTP workload Report (indicating PRRTP Bed Days of Care for previous month) to Fiscal Service by the 10th workday of each month.

b. Workload for PRRTPs must be manually inserted into the VHA Work Management (VWM) segment 334 to ensure it is recorded as Psychiatry workload. Additionally, Fiscal staff will ensure PRRTP workload (Bed Days of Care) is credited to Cost Distribution Report (CDR) 1700.00 series account, as appropriate for type of PRRTP established:

1711.00	PRRTP (not otherwise specified)
1712.00	PRRP (PTSD)
1713.00	SARRTP (Substance Abuse)
1714.00	HCMC CWT TR (Homeless)
1715.00	SA CWT TR (Substance Abuse)
1716.00	PTSD CWT TR (PTSD)
1717.00	General CWT TR

5. STEPS FOR SERVICE LINE CHIEFS TO DISTRIBUTE COSTS

a. The Chief of Psychiatry, Mental Health Service Line Chief and/or PRRTP Program Coordinator should be familiar with (generally two) cost categories designed to measure the treatment cost of Residential Rehabilitation services:

(1) **Residential Inpatient Costs.** Services provided to PRRTP veterans by staff assigned to and in support of the PRRTP residential unit are captured as “bed days of care” and reported to the PRRTP inpatient bed category CDR account 1700 series. **NOTE:** *These services include, but are not limited to PRRTP screening, admission, rehabilitation plan development, case reviews, therapeutic group and individual counseling associated with the residential component, meals, dietetics staff, evening staff coverage, etc.*

March 1, 2001

(2) **Outpatient Costs.** Services provided to PR RTP veterans by staff providing services in established outpatient clinics (such as Outpatient Substance Abuse Clinics, Day Treatment programs, PCT Teams, Vocational Rehabilitation Therapy, Compensated Work Therapy, etc) are captured as “outpatient visits.” These costs are, therefore, reported to the appropriate Outpatient CDR Account in the 2000 series

***NOTE:** If all services provided to PR RTP residents are provided exclusively to them, in conjunction with the residential unit (as in a traditional hospital bed program), then all costs will be captured as Residential Inpatient Costs (1700.00 series costs).*

ATTACHMENT B**PROGRAM GUIDELINES FOR PSYCHOSOCIAL RESIDENTIAL REHABILITATION
TREATMENT PROGRAMS****1. THE CLINICAL PROGRAM**

a. Veterans in a Psychosocial Residential Rehabilitation Treatment Program (PRRTP) will have psychiatric and/or psychosocial needs which are clinically determined to benefit from a 24-hour-per-day, 7-day per week, ("24/7") structured and supportive environment as a part of the rehabilitative treatment regime. Treatment and/or therapeutic activities will be provided at least 4 hours per day, 7 days per week. Veterans should be clinically stable to be able to function outside of a medium or high intensity hospital setting and must be capable of self-preservation in case of a disaster. Veterans in a PRRTP who develop an acute psychiatric disturbance will be transferred to a medium or high intensity psychiatric program until they are stable enough to either return to the PRRTP or make other treatment arrangements. All veterans admitted to a PRRTP will have a Rehabilitation and/or Treatment Plan with specific, measurable goals to be addressed during their PRRTP episode of care. This treatment plan will encompass the full range of services planned, identifying Outpatient Treatment (OPT) clinics to be utilized, as appropriate. PRRTPs will not be used as a simple substitute for community housing or as VA lodging or Hoptel facilities.

b. The PRRTP model is designed for maximum flexibility of program design. Within this residential level of care, programming may range from relatively short-term care of limited focus (i.e., less than 30 days and targeted primarily towards diagnosis-specific education, counseling, and symptom management), to long-term, comprehensive rehabilitation (i.e., exceeding 1 year and including a full range of psychosocial services, such as life-skills training, social learning, vocational rehabilitation therapy, Compensated Work Therapy (CWT), etc.). Likewise, within various types of PRRTPs, specific, sub-populations may be targeted, (such as dually-diagnosed or geriatric populations) necessitating specialized staff and rehabilitative approaches. There may also be specific PRRTP "tracks" within targeted populations, for example: a substance abuse residential program designed for veterans with dual diagnoses, and another for veterans with a substance abuse diagnosis only, or another with a strong psychosocial rehabilitation component addressing issues of work and independent living skills. This flexibility in PRRTP program design suggests that a site may establish more than one of a specific type of PRRTP in order to most efficiently meet the rehabilitative needs of a diverse veteran population.

c. The CWT Transitional Residence (TR) programs are designed for veterans whose rehabilitative focus is based on CWT and transitioning to successful independent community living. Ongoing support is provided for diagnoses-specific conditions. CWT TRs are designed for specific populations (Homeless, Post-traumatic Stress Disorder (PTSD), etc) for purposes of tracking services and funds expended for special veteran populations. They should also be staffed with professionals possessing specialized expertise related to the populations served.

d. PRRTP Program flexibility also exists in the structure used for service delivery. There are two basic structures for Residential Rehabilitation (RR) programming.

VHA DIRECTIVE 2001-010

March 1, 2001

(1) **All Inclusive Residential Model.** The structure of the all-inclusive residential model is similar to a traditional 'inpatient' program, where staff dedicated to the PR RTP unit provide virtually all treatment and rehabilitative services, and do so exclusively for the patients in those beds. ***NOTE:** This model may provide advantages for programming which is tailored specifically for group treatment approaches. It may also be used more often for RR programs that are targeting higher acuity of illness and are, therefore, providing higher intensity of care.*

(2) **Supportive Residential Model.** This RR program structure provides a supportive residential component to augment intensive treatment provided through the Ambulatory Care System, such as Intensive Outpatient Substance Abuse program, Day Treatment program, CWT, etc) It is designed to minimize risk and maximize benefit of the ambulatory care services provided for veterans whose health and/or lifestyle necessitate a supervised, structured environment while receiving care, or those requiring comprehensive rehabilitation to learn and practice new behaviors. In addition to meeting a key agency objective (to increase outpatient services), this model may provide some of the following advantages:

- (a) The RR facility (itself) does not require staffing during the day,
- (b) Residents of the RR unit assume greater responsibility for their treatment (in that they must 'go to it', rather than have it 'come to them'),
- (c) Residents of the RR unit are exposed to other veterans in the Outpatient Treatment environments who are higher functioning (i.e., not in need of supportive 24-hour residential programming), and participate in treatment more as 'community citizens' than 'hospital patients'.
- (d) Residents of the RR unit gain familiarity and establish therapeutic relationships with Outpatient Treatment staff
- (e) Outpatients experiencing need for more comprehensive care (i.e., 24-hour residential services) may be more likely to accept such care, knowing that they will not have to establish all new therapeutic relationships by doing so.

***NOTE:** In some cases, this model has facilitated the development of previously non-existent Aftercare Services, due to increased efficiency in staff utilization (treatment staff are not assigned strictly to operate an 'all inclusive inpatient' unit, and are therefore available to provide outpatient services as well).*

2. STAFFING

a. PR RTPs require a multidisciplinary team for comprehensive assessment and rehabilitation and/or discharge planning. This team may often consist of staff from the Outpatient program(s) (such as Outpatient Substance Abuse, PTSD Clinical Team (PCT), Day Treatment, CWT, etc) where the PR RTP veterans may receive the preponderance of their clinical care. The RR team will also generally include the PR RTP Program Coordinator and staff who are assigned to facilitate the supportive nature of the residence and provide evening and/or weekend coverage on the RR unit itself. In most cases (except CWT TR programs), the evening and/or weekend

coverage will consist of paid VA staff, ranging from Nursing Assistants and/or Rehabilitation Technicians to professional Nursing staff. The type of staff required for evening and/or weekend coverage will vary, depending on:

- (1) The clinical needs of residents (use of the American Society of Addictive Medicine (ASAM) criteria to assess various domains is encouraged).
- (2) The intensity of programmatic structure (i.e., scheduled activities, individual rehabilitation plan expectations, peer support expectations, assigned residential responsibilities, etc.).
- (3) The maturity of the residential culture (the extent to which residents actually do support each other, strength of resident councils, etc.).
- (4) Accreditation requirements.

b. In some cases, such as the CWT TR's, a current or "graduate" PR RTP resident may supervise the residence in lieu of staff. These "House Managers" must have a stable, responsible, caring demeanor and have leadership qualities such as effective communication skills, ability to motivate, etc. At a minimum, House Managers, and non-professional staff are to be trained to observe resident behaviors, facilitate a healthy therapeutic environment, (i.e., encourage socialization and participation, coordinate residential activities, etc), ensure safety, and assess the need for professional medical or psychiatric intervention. Professional staff must be available on an emergency and/or call-back basis.

3. MEDICATIONS. Medications in PR RTPs are generally self-administered in accordance with VHA Manual M-2, Part VII, Chapter 11, Self-Medication Programs. These programs are structured to provide a controlled, supervised environment where veterans learn and practice self-medication skills prior to discharge. Medications are kept in a locked cabinet or locker accessible only to that veteran and designated staff personnel. In cases where a PR RTP veteran may not be ready for participation in a self-medication program, it is necessary for appropriately licensed staff to be assigned and available to administer medications to veterans in the PR RTP facility.

4. MEALS. Preparation of meals in PR RTPs may be done by the veterans themselves, or by personnel associated with a residence. When veterans assigned to the PR RTP are responsible for their meals (as is the case for all CWT TRs), sufficient staff supervision should be provided to assure patients engage in appropriate meal planning, food preparation, sanitation and safety. In some PR RTPs, especially those on medical center grounds, veterans may eat in the medical center dining room. Similar flexible arrangements will be allowed for laundry, housekeeping, and facility maintenance and repair.

5. PHYSICAL PLANT

a. A PR RTP can be established in a suitable building or residence on Department of Veterans Affairs (VA) medical center grounds; or in VA-owned, leased, or otherwise acquired community-based properties.

VHA DIRECTIVE 2001-010

March 1, 2001

- b. The facility should have a comfortable and homelike environment.
- c. There should be adequate space for group activities as well as personal space for privacy. Bedrooms should be limited to two occupants.

6. PROGRAM ADMINISTRATION. PRRTPs will generally be under the clinical supervision of the Mental Health Service Line Director, who will appoint the Coordinator for the PR RTP. Generally the Coordinator has primary responsibility for, and for concurring in, all PR RTP admissions and the responsibility for program policy and procedures. **NOTE:** *An Advisory Council, which could include current and/or past residents, referral sources, community members or advocacy groups, etc is encouraged as a means of initial planning and ongoing development of PR RTP programming.*

7. ANNUAL REPORT. To facilitate the monitoring and evaluation of all PRRTPs by the Northeast Program Evaluation Center (NEPEC) and specifically of Substance Abuse Residential Rehabilitation Program (SARRTPs) by Program Evaluation Research Center (PERC), a brief annual survey report is required. **NOTE:** *NEPEC is responsible for sending an annual survey to collect the data described in Attachment C.*

8. PR RTP MEDICAL RECORDS REQUIREMENTS. The PR RTP record will be integrated into the Consolidated Health Record. Each period of care in a PR RTP will be considered the equivalent of a period of care in any other VA bed (hospital, domiciliary, nursing home care unit). **NOTE:** *The medical records requirements for patients in PR RTP beds will be equivalent to the requirements for VA Extended Care Patient Records found in VHA Manual M-1, Part I, Chapter 5, except as noted in following subparagraphs 8b, 8d, and 8e.* The PR RTP records will include, but are not be limited to the following:

- a. **Patient Problem List.** (Optional).
- b. **Admission Note.** The Admission Note should include the veterans strengths, abilities, needs and preferences, in addition to standard admission note content.
- c. **History and Physical Exam (H&P).** (An Interval H&P, reflecting any changes since last exam, may be sufficient when deemed appropriate by professional judgment and in conformance with accrediting entities such as JCAHO.) Timeframes for completion of H&Ps should be established based on current accreditation standards. A veteran remaining on PR RTP status for a year or longer will be given an annual examination, to include mental status.
- d. **Comprehensive Biopsychosocial Assessment.** A comprehensive assessment will be documented to include an interpretive summary that is based on the assessment data.
- e. **Rehabilitation and/or Treatment Plan.** An individualized rehabilitation treatment plan, which will include specific, measurable goals, targeted dates for completion and designated responsible individual for addressing each goal. Discharge planning will also be contained in the rehabilitation/treatment plan.

f. **Rehabilitation Progress Notes.** The frequency of recording progress notes will be established by medical center or program policies, and will be appropriate for the veteran populations served and the program objectives.

g. **Doctor's Orders.**

h. **Informed Consent.** The provisions of Title 38 Code of Federal Regulations, Section 1734, and Title 38 United States Code 7331, and VHA policy on informed consent apply. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards also apply where not in conflict with VA regulation or policy.

i. **Discharge Summary.** The discharge summary, signed by a physician or appropriately credentialed healthcare provider will be consistent with external accreditation standards to be applied.

j. **Psychiatric Patient Records.** Unique documentation requirements for Psychiatric Patient Records will apply, as described in M-1, Part 1, Chapter 5.

ATTACHMENT C

INSTRUCTIONS FOR COMPLETING NEPEC ANNUAL PR RTP SURVEY

1. The Annual Survey of Psychosocial Residential Rehabilitation Treatment Program (PR RTP) programs should be submitted by December 1st for the most recent fiscal year ending on September 30th. Surveys are to be either mailed or faxed to:

PR RTP Evaluations
NEPEC (182)
c/o VA Connecticut Healthcare System
950 Campbell Avenue
West Haven, CT 06516
FAX: (203) 937-3433

2. The survey report should contain the following information:

- a. Name of Medical Center of Health Care System
- b. Station number,
- c. Fiscal year covered, and
- d. Name, address, and telephone number of person completing the survey.

3. Date of first admission to the PR RTP (month and year).

4. Type of PR RTP.

5. Number of operating beds.

6. Whether or not there was a change in the number of operating beds for the Fiscal Year being covered.

7. The three most frequently seen diagnostic groups in the PR RTP, ranked by order of most frequently seen.

8. The three most frequently seen special patient populations (homeless, women, elderly, etc.) in the PR RTP, ranked by order of most frequently seen.

9. The services directly provided by the PR RTP staff, rated by importance and/or the emphasis given to a selected list of services.

10. The location of the PR RTP (medical center grounds or in community).

11. Whether the PR RTP is Department of Veterans Affairs (VA)-owned or VA-leased.

VHA DIRECTIVE 2001-010

March 1, 2001

12. The number and percentage of full-time employee equivalent (FTEE) utilized to operate the PR RTP, described by position title.
13. The procedures in place for handling evening, night, and weekend coverage of the PR RTP.
14. Whether or not there is ever a time on-site in the evening, at night, or on the weekend when coverage is not provided.

March 1, 2001

ATTACHMENT D**VISTA SETUP INSTRUCTIONS FOR PSYCHOSOCIAL RESIDENTIAL
REHABILITATION TREATMENT PROGRAM (PRRTP)****(i.e., establishing a new division under the category of Domiciliary in VistA)**

***NOTE:** The use of Domiciliary category for Veterans Health Information Systems and Technology Architecture (VistA) setup is for domiciliary-like functionality purposes only - PRRTP beds are not otherwise to be considered Domiciliary beds, but rather PRRTP (Psychiatry) beds.*

1. TO ADD A NEW INSTITUTION

Select OPTION NAME: INSTITUTION FILE ENTER/EDIT DG INSTITUTION EDIT
Institution File Enter/Edit

Select INSTITUTION NAME: ALB-PRRTP (SUGGESTED NAME TO IDENTIFY PRRTP)
(e.g. first three letters of your primary division, then - PRRTP)

Are you adding 'ALB-PRRTP' as a new INSTITUTION (the 269TH)? Y (Yes)

INSTITUTION STATE: NY NEW YORK

INSTITUTION FACILITY TYPE: MC

1. MC (M&D) MEDICAL CENTER (MEDICAL AND DOMICILIARY)
2. MC (M) MEDICAL CENTER (MEDICAL LOCATION)

CHOOSE 1-2: 2

INSTITUTION STATION NUMBER: 500PA

NAME: ALB-PRRTP//

REGION:

DISTRICT:

VA TYPE CODE: MC HOSP

STATION NUMBER: 500PA//

STREET ADDR. 1: 2 3RD ST.

STREET ADDR 2:

CITY: ALBANY

STATE: NEW YORK//

ZIP: 12180

MULTI-DIVISION FACILITY: Y YES

Select INSTITUTION NAME:

2. TO ADD A NEW DIVISION (using Medical Administrative Services (MAS) Parameter Enter/Edit)

(Screen showing divisions is not being displayed at this point)

(3) Divisions: TROY (500), ALBANY (500), MOBILE CLINIC (500MO),
TEST NUMBER (500.4), CINCINNATI (539),

VHA DIRECTIVE 2001-010

March 1, 2001

ALB-PRRTP (500PA),

Select MEDICAL CENTER DIVISION NAME: ALB-PRRTP

Are you adding 'ALB-PRRTP' as

A new MEDICAL CENTER DIVISION (the 25TH)? No// Y (Yes)

MEDICAL CENTER DIVISION NUM: 541// <return>

MEDICAL CENTER DIVISION FACILITY NUMBER: 500PA

OUTPATIENT ONLY:

PRINT WRISTBANDS: Y YES

PRINT 'AA' <96' ON G&L: Y YES

PRINT 'AA' ON G&L: Y YES

NHCU/DOM/HOSP G&L: 1 SEPARATE *****

INSTITUTION FILE POINTER: ALB-PRRTP NY MC(M) 500PA

DEFAULT 1010 PRINTER:

DEFAULT DRUG PROFILE PRINTER:

DEFAULT ROUTING SLIP PRINTER:

Select MEDICAL CENTER DIVISION NAME:

NOTE: Make sure that the primary division is the one that appears as the first entry when entering the MAS Parameter Screen (If not, the last division added with display on the top of the Bed Section Report and Treating Specialty Report).

3. TO ADD A NEW WARD (Using Ward Definition Enter/Edit)

Ward Definition Entry/Edit

Select WARD LOCATION NAME: PRRTP

Are you adding 'PRRTP' as a new WARD LOCATION (the 31ST)? Y YES

WARD LOCATION HOSPITAL LOCATION FILE POINTER: PRRTP

Are you adding 'PRRTP' as a new HOSPITAL LOCATION (the 125TH)? Y (Yes)

HOSPITAL LOCATION TYPE: W WARD

HOSPITAL LOCATION TYPE EXTENSION: WARD//

WARD LOCATION G&L ORDER: 21.5 (OR WHEREVER YOU WISH TO PRINT IT)

NAME: PRRTP//

PRINT WARD ON WRISTBAND: Y YES

DIVISION: ALB-PRRTP 500PA

INSTITUTION: ALB-PRRTP NY MC(M) 500PA

ABBREVIATION: PRRTP

BEDSECTION: PRRTP

SPECIALITY: PSYCH

1 PSYCH RESID REHAB TRMT PROG

2 PSYCHIATRIC MENTALLY INFIRM

CHOOSE 1-2: 1

SERVICE: DOM DOMICILIARY

PRIMARY LOCATION: PRRTP

Select AUTHORIZED BEDS DATE: 10 1 97 OCT 01, 1997

Are you adding 'OCT 01, 1997' as a new AUTHORIZED BEDS

DATE (the 1ST for this WARD LOCATION)? Y (Yes)

March 1, 2001

NUMBER OF AUTHORIZED BEDS: 20

SERIOUSLY ILL:

Select SYNONYM:

G&L ORDER: 21.5//

Select TOTALS: PR RTP TOTALS

Are you adding 'PR RTP TOTALS' as a new TOTALS (the 1ST for this WARD LOCATION)?

Y (Yes)

TOTALS LEVEL: 1//

PRINT IN CUMULATIVE TOTALS: Y YES

CUM TITLE: PR RTP//

Select TOTALS:

Select WARD LOCATION NAME: NCHU (OR WHATEVER YOU WANT TO PUT IT IN FRONT OF/AFTER, ETC.) NAME: NCHU//^TOTALS

Select TOTALS: GRAND TOTALS// ?

Answer with TOTALS LEVEL

Choose from:

- 1 NCHU TOTALS
- 2 DON'T DISPLAY
- 3 GRAND TOTALS

MEDICAL CENTER TOTALS	40	0	0	40
PR RTP PR RTP	3	0	1	2
PR RTP TOTALS	3	0	1	2
DOMICIL DOM	1	0	0	1
DOM TOTALS	1	0	0	1

2 NCHU NCHU	1	0	0	1
NCHU NCHU	0	0	0	0

NCHU TOTALS	1	0	0	1
-------------	---	---	---	---

GRAND TOTALS	45	0	1	44
--------------	----	---	---	----

4. TO PLACE WARD OUT-OF SERVICE (Using Edit Ward Out-Of-Service Dates)

Select OPTION NAME: EDIT WARD OUT-OF-SERVICE DATES DGPM

WARD OOS EDIT

Edit Ward Out-of-Service Dates

Select WARD LOCATION NAME: PR RTP

Select OUT-OF-SERVICE DATE: 10 1 97 OCT 01,1997

Are you adding 'OCT 01, 1997' as a new OUT-OF-SERVICE DATE (the 1ST for this WARD LOCATION)? Y

(Yes) OUT-OF-SERVICE DATE(S): OCT 1, 1997//

VHA DIRECTIVE 2001-010

March 1, 2001

REASON: OTHER

1 OTHER CONSTRUCTION

2 OTHER REASONS

CHOOSE 1-2: 2

COMMENT: PRRTP TRACKING

RETURN TO SERVICE DATE: 5 1 97 (MAY 01, 1997) (OR WHATEVER DATE YOU
WISH TO ACTIVATE THIS WARD) IS ENTIRE WARD OUT OF SERVICE?: Y YES
DISPLAY OOS ON G&L: YES YES

**5. TO SET UP TREATING SPECIALTY REPORT FOR THE NEW WARD
(PSYCHOSOCIAL RESIDENTIAL REHABILITATION TREATMENT PROGRAM
(PRRTP))**

Select FACILITY TREATING SPECIALTY NAME: PSYCH RESID REHAB TRMT PROG
PSYCH RESID REHAB TRMT PROG

NAME: PSYCH RESID REHAB TRMT PROG//

Select EFFECTIVE DATE: OCT 1, 1997//

EFFECTIVE DATE: OCT 1, 1997//

ACTIVE?: YES//

SPECIALTY: PSYCH RESID REHAB TRMT PROG//

SERVICE: PSYCHIATRY// DOMICILIARY

Select PROVIDERS:

ABBREVIATION:

The information for the PSYCH RESID REHAB TRMT PROG treating specialty should be
entered by Medical Center Division as of midnight on Sep 30, 1997 to properly initialize the
Treating Specialty Report!

Following any new entries to or revisions of this data, the G&L MUST BE recalculated back to
Oct 01, 1997.

Select MEDICAL CENTER DIVISION NAME: ALB-PRRTP 500PA

PATIENTS REMAINING: 0

PASS PATIENTS REMAINING: 0

AA PATIENTS REMAINING: 0

UA PATIENTS REMAINING: 0

ASIH PATIENTS REMAINING: 0

TSR ORDER: 200

Select MEDICAL CENTER DIVISION NAME:

Select FACILITY TREATING SPECIALTY NAME:

6. ADMIT AND/OR TRANSFER IN-PATIENTS

7. RECALCULATE GAINS AND LOSSES (G&L) CUM TOTALS BACK TO 10/1/97

8. RUN G&L, INCLUDING BSR AND TSR

9. EXPERIMENTATION WITH NEW DIVISION AND/OR DOMICILIARY WARD FOR TRACKING PR RTP

- a. Create a new Institution file entry (ALB-PR RTP) -or whatever.
- b. Create a new Division file entry (ALB-PR RTP) -or whatever.
- c. Create a new Ward with DOMICILIARY as the SERVICE.

Place beds 00S from 10/1/97 and Return to Service whatever day you are going to start tracking. You must show Authorized Beds at this time.

- d. Set up the Treating Specialty Report for PR RTP as all zeroes for each of your current divisions.
- e. Recalculate G&L Cum Totals back to 10/1/97.
- f. Manually track any PTF records with a suffix of BU for DOM and ensure (if the facility already has a DOM), that the suffix is changed to PA.

Appendix B
Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
Annual Narrative Form for Fiscal Year 2002

**Psychosocial Residential Rehabilitation Treatment Program (PR RTP) Annual Survey
for Fiscal Year 2002**

Page 1 of 4

Name, VA address, telephone number and FAX of individual completing this form:

Are you the program coordinator for your PR RTP? _____

If not, please provide the name, address, telephone number and FAX of the Coordinator.

1. VA Facility Code (use 5-digit code if applicable)..... ☐☐☐☐☐ (12)

2. Type of PR RTP (**check only one**)

- ☐ 1. Substance Abuse (SAR RTP)
☐ 2. PTSD (PR RP)
☐ 3. Psychiatric (PR RTP)
☐ 4. HCMC CWT/TR
☐ 5. SA CWT/TR
☐ 6. PTSD CWT/TR
☐ 7. General CWT/TR

(13)

3. Please provide the following information for your PR RTP:

3a. Start up date (mm/yy) ☐☐/☐☐
3b. End date (if applicable) (mm/yy) ☐☐/☐☐

(14-17)

(18-21)

4. Did your PR RTP program either start up **or** end during FY 2002? ☐1 = yes ☐0 = no

(22)

5. Number of operating beds in your PR RTP on October 1, 2001?..... ☐☐☐ (23-25)

6. Number of operating beds in your PR RTP program on September 30, 2002? ☐☐☐ (26-28)

7. Indicate the three most frequently seen diagnostic groups in your PR RTP (**rank order no more than three main target groups with "1" designating the group receiving the most emphasis and '3' the least**).

- ☐ a. Substance abuse disorder
☐ b. Severe mental illness
☐ c. Dual diagnosis
☐ d. All psychiatric conditions
☐ e. PTSD
☐ f. Medical co-morbidities
☐ g. Other (specify) _____

(29)

(30)

(31)

(32)

(33)

(34)

(35)

Psychosocial Residential Rehabilitation Treatment Program (PR RTP) Annual Survey for Fiscal Year 2001

Page 2 of 4

For Office
Use Only

8. Indicate the three most frequently seen special patient populations in your PR RTP (rank order no more than 3 target groups with "1" designating the group receiving the most emphasis and "3" the least).

- | | | |
|--------------------------|--------------------------|------|
| <input type="checkbox"/> | a. Homeless | (36) |
| <input type="checkbox"/> | b. Women | (37) |
| <input type="checkbox"/> | c. Elderly | (38) |
| <input type="checkbox"/> | d. AIDS/HIV | (39) |
| <input type="checkbox"/> | e. Other (specify) | (40) |

9. On average, how many hours each day do the veterans in your PR RTP spend in rehabilitative activities?
.....(hrs/day) ☐☐

(41-42)

10. Please use the following 5 categories to describe the services provided to the veterans in your PR RTP. (Check one box for each item)

	<u>Not Provided</u> 0	<u>Somewhat Important</u> 1	<u>Moderately Important</u> 2	<u>Quite Important</u> 3	<u>Primary Importance</u> 4	
a. Assessment and diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(43)
b. Relapse prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(44)
c. Crises intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(45)
d. Detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(46)
e. Substance abuse counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(47)
f. Individual counseling or psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(48)
g. Group counseling or psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(49)
h. Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(50)
i. Couples or family counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(51)
j. Work therapy or work training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(52)
k. Social skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(53)
l. Daily living skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(54)
m. Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(55)
n. Occupational or recreational therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(56)
o. Self-help groups (e.g. AA/NA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(57)
p. Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(58)

Psychosocial Residential Rehabilitation Treatment Program (PRRTP) Annual Survey for Fiscal Year 2002

Page 3 of 4

11. Your PRRTP Program is located **(Check only one)**

- ☐ 1. On a VA hospital ward
- ☐ 2. In VA owned housing located in the community
- ☐ 3. In a building on VA grounds
- ☐ 4. In a leased property located in the community

(59)

12. Please indicate the Full-Time Employment Equivalent (FTEE) staff members of your PRRTP program. If a staff member splits his/her time between the PRRTP and another mental health program(s), only include the FTEE time actually spent in the PRRTP program. If any of the types of staff in your program are not listed, please include them under "All other staff" at the end of the list.

Note: 1.0 equals a full-time employee (40 hrs. per week) , 0.5 a half-time employee (20 hrs. per week), 0.25 a quarter-time employee (10 hrs. per week) etc.

#FTEE in your Program

a. Physician/Psychiatrist.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(60-63)
b. Psychologist.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(64-67)
c. Physician's Assistant.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(68-71)
d. RN, Clinical Nurse Specialist, Nurse Practitioner.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(72-75)
e. LPN, LVN, Nurse's Aide.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(76-79)
f. Addiction Therapist/Counselor (non-SW).....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(80-83)
g. Social Worker.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(84-87)
h. Psychology Aids, Social Work/Rehab/Health Techs or Aides.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(88-91)
i. Program Coordinator/Administrator/Director.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(92-95)
j. Health/Social Science Specialist.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(96-99)
k. Recreational Therapist.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(100-103)
l. Vocational Rehabilitation Specialist.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(104-107)
m. Secretary, Administrative Assistant, Clerk.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(108-111)
n. All other staff	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(112-115)

**Psychosocial Residential Rehabilitation Treatment Program (PRRTP) Annual Survey
for Fiscal Year 2002**

Page 4 of 4

13. Please indicate the procedures in place for handling evening, night and weekend coverage at your PRRTP
(Check only one).

- ☐ 1. Paid VA staff present 24hrs/7days.
- ☐ 2. House managers or staff designee with VA clinical staff available by phone or pager for emergencies; VA clinical staff present some of the time.
- ☐ 3. House managers or staff designee with VA clinical staff available by phone or pager for emergencies.
- ☐ 4. Other (please specify _____)

14. Is there ever a time during evening, night and weekend coverage where a VA clinical staff person, house manager or trained designee is away from the residence for more than 1 hour during the day, evening or night when residents are present?..... ☐ 1 = yes ☐ 0 = no

**For Office
Use Only**

(116)

(117)

Appendix C
Data Excluded from the Patient-Specific Analyses

PRRTP discharges from these medical centers during FY 2002 were the result of coding errors and do not represent authorized PRRTP programs.

Appendix C.
FY 2002 Data Excluded from the Patient-Specific Analyses
Medical Centers using PR RTP Codes in Error

SITE	Bed Section Code	Number of Discharges for FY02
El Paso	27	48
Loma Linda	25	1
Houston	25	3
Gulf Coast HCS	27	1
Alaska HCS	28	5
Alaska HCS	29	1
Dallas	25	3
Total discharges in PTF excluded from analyses		62

Appendix D

Data Tables

Table 1a. PR RTP Program Characteristics; Operating Beds, Location of Program and Most Frequent Populations Seen by PR RTP Type for FY02.

Program Characteristics	ALL PR RTP PROGRAMS N= 97 Programs (100%)		TYPE OF PR RTP													
			SARRTP N=35 Programs (36.1%)		PR RTP (general) N=20 Programs (20.6%)		PRRP N=17 Programs (17.5%)		SA CWT/TR N=14 Programs (14.4%)		HCMI CWT/TR N=9 Programs (9.3%)		PTSD CWT/TR N=1 Program (1.0%)		Gen. CWT/TR N=1 Program (1.0%)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Number of Operating Beds†	1858	100.0%	763	41.1%	398	21.4%	286	15.4%	235	12.6%	158	8.5%	8	0.4%	10	0.5%
Number of Discharges	11,666	100.0%	7,171	61.5%	2,079	17.8%	1,624	13.9%	375	3.2%	386	3.3%	8	0.1%	23	0.2%
Program Location																
On a VA hospital ward	47	47.4%	26	74.3%	11	55.0%	8	47.1%	0	0.0%	1	11.1%	0	0.0%	1	0.0%
In VA own community housing	22	22.7%	0	0.0%	2	10.0%	0	0.0%	12	85.7%	7	77.8%	1	100.0%	0	0.0%
In a building on VA grounds	23	24.7%	8	22.9%	5	25.0%	8	47.1%	1	7.1%	1	11.1%	0	0.0%	0	100.0%
In leased community property	5	5.2%	1	2.9%	2	10.0%	1	5.9%	1	7.1%	0	0.0%	0	0.0%	0	0.0%
Most Frequent Diagnostic Target Populations (top three)																
Substance abuse	86	88.7%	35	100.0%	10	50.0%	16	94.1%	14	100.0%	9	100.0%	1	100.0%	1	100.0%
Severe mental illness	15	15.5%	0	0.0%	12	60.0%	1	5.9%	0	0.0%	2	22.2%	0	0.0%	0	0.0%
Dual diagnosis	76	78.4%	31	88.6%	17	85.0%	8	47.1%	12	85.7%	7	77.8%	0	0.0%	1	100.0%
All psychiatric conditions	26	26.8%	5	14.3%	8	40.0%	3	17.6%	5	35.7%	4	44.4%	1	100.0%	0	0.0%
PTSD	49	50.5%	16	45.7%	7	35.0%	17	100.0%	5	35.7%	2	22.2%	1	100.0%	1	100.0%
Medical co-morbidities	27	27.8%	17	48.6%	0	0.0%	5	30.4%	3	21.4%	2	22.2%	0	0.0%	0	0.0%
Other diagnostic group	5	5.2%	1	2.9%	1	5.0%	1	5.9%	1	7.1%	1	11.1%	0	0.0%	0	0.0%
Most Frequent Special Patient Populations (top three)																
Homeless	94	96.9%	35	100.0%	19	95.0%	15	88.2%	14	100.0%	9	100.0%	1	100.0%	1	100.0%
Female	49	50.5%	20	57.1%	12	60.0%	3	17.6%	7	50.0%	5	55.6%	1	100.0%	1	100.0%
Elderly	44	45.4%	20	57.1%	11	55.0%	7	41.2%	2	14.3%	3	33.3%	0	0.0%	1	100.0%
AIDS/HIV	30	30.9%	14	40.0%	2	10.0%	7	41.2%	5	35.7%	2	22.2%	0	0.0%	0	0.0%
Other patient population	21	21.6%	6	17.1%	1	5.0%	8	47.1%	5	35.7%	1	11.1%	0	0.0%	0	0.0%

† The number of operating beds used in this table is the highest number of beds active at each site during FY02 and includes programs that closed.

Table 1b. Number of PR RTP Programs, Operating Beds, Discharges and FTEE to Operating Bed Ratio by Fiscal Year.

	FY96	FY97	FY98†	FY99	FY00	FY01	FY02	Change from FY96 to FY02	% Change from FY96 to FY02	Change from FY01 to FY02	% Change from FY01 to FY02
Total number of all PR RTP programs	38	56	100	98	103	99	97	59	155.3%	-2	-2.0%
Total number of all PR RTP operating beds††	711	1175	2135	1972	2062	1908	1858	1,147	161.3%	-50	-2.6%
Total number of all PR RTP discharges	2204	6117	16470	16318	14362	11134	11666	9,462	429.3%	532	4.8%
PR RTP FTEE to operating bed ratio	0.32	0.40	0.49	0.44	0.42	0.42	0.42	0.10	31.3%	0.00	0.0%
Number of SAR RTP programs	6	20	45	39	38	38	35	29	483.3%	-3	-7.9%
Number of SAR RTP operating beds††	133	504	1091	898	875	834	763	630	473.7%	-71	-8.5%
Number of SAR RTP discharges	988	3889	n.a	10225	9182	6955	7171	6183	625.8%	216	3.1%
SAR RTP FTEE to operating bed ratio	0.41	0.50	0.57	0.47	0.43	0.46	0.46	0.05	11.7%	0.00	0.0%
Number of PR RTP (general) programs	8	11	17	20	25	20	20	12	150.0%	0	0.0%
Number of PR RTP (general) operating beds††	147	176	321	334	451	344	398	251	170.7%	54	15.7%
Number of PR RTP (general) discharges	630	1002	n.a	2980	2115	1857	2079	1449	230.0%	222	12.0%
General PR RTP FTEE to operating bed ratio	0.38	0.38	0.47	0.54	0.47	0.48	0.50	0.12	32.6%	0.02	4.2%
Number of PRP programs	5	6	19	19	18	17	17	12	240.0%	0	0.0%
Number of PRP operating beds††	92	145	359	374	346	325	286	194	210.9%	-39	-12.0%
Number of PRP discharges	153	623	n.a	2552	2371	1592	1624	1471	961.4%	32	2.0%
PRP FTEE to operating bed ratio	0.49	0.64	0.61	0.59	0.61	0.62	0.64	0.15	30.1%	0.02	3.2%
Number of SA CWT/TR programs	11	12	12	12	12	13	14	3	27.3%	1	7.7%
Number of SA CWT/TR operating beds††	200	217	235	227	222	230	235	35	17.5%	5	2.2%
Number of SA CWT/TR discharges	300	421	n.a	342	398	402	375	75	25.0%	-27	-6.7%
SA CWT/TR FTEE to operating bed ratio	0.24	0.20	0.19	0.15	0.17	0.14	0.14	-0.10	-40.9%	0	0.0%
Number of HCMI CWT/TR programs	8	7	7	8	8	9	9	1	12.5%	0	0.0%
Number of HCMI CWT/TR operating beds††	139	133	129	139	151	158	158	19	13.7%	0	0.0%
Number of HCMI CWT/TR discharges	133	182	n.a	239	281	292	386	253	190.2%	94	32.2%
HCMI CWT/TR FTEE to operating bed ratio	0.17	0.11	0.16	0.10	0.17	0.12	0.13	-0.04	-23.1%	0.01	8.3%
Number of PTSD CWT/TR programs					1	1	1			0	0.0%
Number of PTSD CWT/TR operating beds					7	7	8			1	14.3%
Number of PTSD CWT/TR discharges					3	8	8			0	0.0%
PTSD CWT/TR FTEE to operating bed ratio					0.21	0.21	0.27			0.06	28.6%
Number of General CWT/TR programs					1	1	1			0	0.0%
Number of General CWT/TR operating beds					10	10	10			0	0.0%
Number of General CWT/TR discharges					12	28	23			-5	-17.9%
General CWT/TR FTEE to operating bed ratio					0.20	0.15	0.10			-0.05	-33.3%

† Data for FY 1998 are not available due to errors in coding (see FY 1998 report for details).

†† The number of operating beds used in this table is the highest number of beds active at each site during FY02 and includes programs that closed.

Table 1c. Summary of Program Changes During FY02.

VISN	Site Code	SITE	PRRTP Category	# Beds Affected by Change	Status
2	528A5	Canandaigua	SARRTP	30	Changed PRRTP type to General PRRTP
3	632	Northport	SARRTP	12	Changed PRRTP type to PRRP
5	512A5	Perry Point	General PRRTP	32	Opened during FY02
5	512A5	Perry Point	PRRP	10	Opened during FY02
5	512A5	Perry Point	SARRTP	30	Increased beds from 32 to 62
8	573	Gainesville	SA CWT/TR	7	Opened during FY02
10	538	Chillicothe†	General PRRTP	25	Opened during FY02
10	539	Cincinnati	PRRP	12	Program closed
11	550	Danville	SA CWT/TR	6	Opened during FY02
12	537	Chicago (West Side)	General PRRTP	20	Opened during FY02
12	578	Hines	SARRTP	-25	Closed 4/02
12	578	Hines	SARRTP	-25	Closed 4/02
12	578	Hines	General PRRTP	-5	Decreased beds from 30 to 25
16	586	Jackson	General PRRTP	12	Program closed
18	501	Albuquerque	SARRTP	10	Changed PRRTP type to General PRRTP
19	660	Salt Lake City	SARRTP	15	Opened during FY02
21	531	Boise	SARRTP	-4	Decreased beds from 15 to 11
21	459	Honolulu (Hilo)	PRRP	-8	Decreased beds from 16 to 8
22	600	Long Beach	SARRTP	-45	Converted to outpatient program with supportive housing
23	568A4	Hot Springs	PRRP	10	Opened during FY02

Table 2. PR RTP Program Characteristics; Services Provided by PR RTP Type for FY02.

Program Characteristics	ALL PR RTP PROGRAMS		TYPE OF PR RTP													
	N= 97 Programs		SAR RTP		PR RTP (general)		PR RP		SA CWT/TR		HCM I CWT/TR		PTSD CWT/TR		GEN CWT/TR	
	N=35 Programs		N=20 Programs		N=17 Programs		N=14 Programs		N=9 Programs		N=1 Program		N=1 Program			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Services Provided																
Assessment and diagnosis	95	97.9%	35	100.0%	19	95.0%	17	100.0%	13	92.9%	9	100.0%	1	100.0%	1	100.0%
Relapse prevention	96	99.0%	35	100.0%	19	95.0%	17	100.0%	14	100.0%	9	100.0%	1	100.0%	1	100.0%
Crises intervention	85	85.6%	30	85.7%	15	75.0%	16	94.1%	13	92.9%	9	100.0%	1	0.0%	1	0.0%
Detoxification	15	17.5%	10	28.6%	3	15.0%	2	11.8%	0	0.0%	0	0.0%	0	100.0%	0	100.0%
Substance abuse counseling	97	100.0%	35	100.0%	20	100.0%	17	100.0%	14	100.0%	9	100.0%	1	100.0%	1	100.0%
Individual counseling	95	97.9%	35	100.0%	20	100.0%	17	100.0%	12	85.7%	9	100.0%	1	100.0%	1	100.0%
Group counseling	95	97.9%	35	100.0%	20	100.0%	17	100.0%	12	85.7%	9	100.0%	1	100.0%	1	100.0%
Medication management	90	92.8%	34	97.1%	20	100.0%	17	100.0%	10	71.4%	7	77.8%	1	100.0%	1	100.0%
Couples/family counseling	79	81.4%	33	94.3%	16	80.0%	17	100.0%	7	50.0%	4	44.4%	1	100.0%	1	100.0%
Work therapy/training	76	78.4%	23	65.7%	18	90.0%	10	58.8%	14	100.0%	9	100.0%	1	100.0%	1	100.0%
Social skills training	94	96.9%	33	94.3%	20	100.0%	16	94.1%	14	100.0%	9	100.0%	1	100.0%	1	100.0%
Daily living skills training	90	92.8%	32	91.4%	20	100.0%	13	76.5%	14	100.0%	9	100.0%	1	100.0%	1	100.0%
Money management	80	82.5%	24	68.6%	20	100.0%	11	64.7%	14	100.0%	9	100.0%	1	100.0%	1	100.0%
Occupational/recreational therapy	93	95.9%	35	100.0%	19	95.0%	17	100.0%	11	78.6%	9	100.0%	1	100.0%	1	100.0%
Self-help groups	93	95.9%	34	97.1%	20	100.0%	16	94.1%	13	92.9%	8	88.9%	1	100.0%	1	100.0%
Discharge planning	97	100.0%	35	100.0%	20	100.0%	17	100.0%	14	100.0%	9	100.0%	1	100.0%	1	100.0%

Table 3. PRRTTP Program Characteristics; Staffing by PRRTTP Type for FY02.

Program Characteristics	ALL PRRTTP PROGRAMS N= 97 Programs		TYPE OF PRRTTP													
			SARRTP N=35 Programs		PRRTTP (general) N=20 Programs		PRRP N=17 Programs		SA CWT/TR N=14 Programs		HCMC CWT/TR N=9 Programs		PTSD CWT/TR N=1 Program		GEN CWT/TR N=1 Program	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Total FTEE	757.74	100.0%	330.46	100.0%	199.37	100.0%	172.91	100.0%	33.05	100.0%	18.78	100.0%	2.15	100.0%	1.03	100.0%
Total Clinical FTEE†	710.36	93.7%	310.55	94.0%	189.99	95.3%	156.68	90.6%	31.60	95.6%	16.37	87.2%	2.15	100.0%	1.02	99.0%
Physician/psychiatrist	27.80	3.7%	10.35	3.1%	6.46	3.2%	10.58	6.1%	0.12	0.4%	0.29	1.5%	0.00	0.0%	0.00	0.0%
Psychologist	39.83	5.3%	15.85	4.8%	5.75	2.9%	15.63	9.0%	1.85	5.6%	0.40	2.1%	0.35	16.3%	0.00	0.0%
Physician assistant	13.75	1.8%	10.00	3.0%	1.65	0.8%	1.40	0.8%	0.65	2.0%	0.05	0.3%	0.00	0.0%	0.00	0.0%
RN, clinical nurse specialist, nurse practitioner	125.46	16.6%	44.68	13.5%	44.50	22.3%	35.02	20.3%	0.40	1.2%	0.86	4.6%	0.00	0.0%	0.00	0.0%
LPN, LVN, nurses aide	155.26	20.5%	44.55	13.5%	78.80	39.5%	30.90	17.9%	1.00	3.0%	0.00	0.0%	0.00	0.0%	0.01	1.0%
Addiction therapist/counselor (non-MSW)	73.73	9.7%	55.65	16.8%	10.35	5.2%	4.90	2.8%	2.31	7.0%	0.52	2.8%	0.00	0.0%	0.00	0.0%
Social worker	69.27	9.1%	27.62	8.4%	15.25	7.6%	20.14	11.6%	1.75	5.3%	3.21	17.1%	0.80	37.2%	0.50	48.5%
Psychology/social work/rehab/ health technician or aide	100.50	13.3%	56.20	17.0%	9.00	4.5%	24.80	14.3%	9.50	28.7%	1.00	5.3%	0.00	0.0%	0.00	0.0%
Program coordinator/ administrator/director	36.39	4.8%	15.05	4.6%	6.73	3.4%	4.68	2.7%	4.65	14.1%	4.03	21.5%	1.00	46.5%	0.25	24.3%
Health/social science specialist	13.49	1.8%	4.08	1.2%	1.00	0.5%	5.40	3.1%	2.00	6.1%	1.00	5.3%	0.00	0.0%	0.01	1.0%
Recreational therapist	14.89	2.0%	8.67	2.6%	3.45	1.7%	2.75	1.6%	0.00	0.0%	0.02	0.1%	0.00	0.0%	0.00	0.0%
Vocational rehab specialist	19.90	2.6%	5.93	1.8%	2.00	1.0%	1.00	0.6%	6.71	20.3%	4.01	21.4%	0.00	0.0%	0.25	24.3%
Secretary/admin asst/clerk	47.39	6.3%	19.91	6.0%	9.38	4.7%	14.23	8.2%	1.45	4.4%	2.41	12.8%	0.00	0.0%	0.01	1.0%
All other staff	20.09	2.7%	11.92	3.6%	5.05	2.5%	1.48	0.9%	0.66	2.0%	0.98	5.2%	0.00	0.0%	0.00	0.0%
Number of Operating Beds††	1841		759		393		278		235		158		8		10	
Mean Staff to Operational Bed Ratio	0.42		0.46		0.50		0.64		0.14		0.13		0.27		0.10	

†Total clinical FTEE includes all staff with the exception of secretaries, administrative assistants and clerks.

†† The number of operating beds shown in this table were operational at the end of FY02 except where programs closed before the end of the fiscal year. Closed programs show the number of beds operational at the beginning of the fiscal year.

Table 4. PR RTP Program Characteristics; Night, Weekend and Evening Coverage by PR RTP Type for FY02.

Program Characteristics	ALL PR RTP PROGRAMS		TYPE OF PR RTP													
	N= 97 Programs		SARRTP		PR RTP (general)		PRRP		SA CWT/TR		HCMI CWT/TR		PTSD CWT/TR		GEN CWT/TR	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Night/Weekend/Evening Coverage																
Paid VA staff present 24hrs/7days	49	50.5%	24	68.6%	13	65.0%	12	70.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
House managers with VA clinical staff available by phone or pager for emergencies; VA clinical staff present some of the time	25	25.8%	6	17.1%	5	25.0%	2	11.8%	7	50.0%	4	44.4%	0	0.0%	1	100.0%
House managers with VA clinical staff available by phone or pager for emergencies	21	21.6%	4	11.4%	2	10.0%	2	11.8%	7	50.0%	5	55.6%	1	100.0%	0	0.0%
Other, not specified above	2	2.1%	1	2.9%	0	0.0%	1	5.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Periods exist in the program when a house manager and/or VA clinician are not physically present during the evening, the night or the weekend†	12	12.4%	5	14.3%	0	0.0%	1	5.9%	3	21.4%	2	22.2%	1	100.0%	0	0.0%

† See tables 19a-e for identification of individual sites without coverage during the evening, night, and/or weekend.

Table 5a. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files).

Veteran Characteristics	ALL PRRTF PROGRAMS						
	FY96 N= 2,204 Discharges N= 38 Programs N= 711 Beds	FY97 N= 6,117 Discharges N= 56 Programs N= 1175 Beds	FY98 N= 16,470 Discharges N= 100 Programs N= 2135 Beds	FY99 N= 16,318 Discharges N= 98 Programs N= 1972 Beds	FY00 N= 14,362 Discharges N= 103 Programs N= 2062 Beds	FY01 N= 11,134 Discharges N= 99 Programs N= 1908 Beds	FY02 N= 11,666 Discharges N= 97 Programs N= 1858 beds†
Sex							
Male	97.8%	97.1%	97.3%	97.1%	97.1%	96.9%	96.8%
Female	2.2%	2.9%	2.7%	2.9%	2.9%	3.1%	3.2%
Ethnicity							
White	50.1%	53.4%	57.6%	55.3%	56.1%	57.3%	56.3%
African American	39.5%	37.7%	35.3%	36.2%	36.2%	33.9%	35.1%
Hispanic	4.3%	3.9%	3.6%	3.4%	3.2%	2.9%	3.1%
Other or unknown	6.1%	5.0%	3.5%	5.2%	4.5%	5.9%	5.5%
% Service Connected							
Any service connection	25.1%	25.2%	27.8%	31.2%	31.5%	30.9%	30.3%
<50%	13.3%	13.2%	14.9%	15.9%	14.8%	14.0%	13.3%
50-100%	11.8%	12.0%	12.9%	15.4%	16.8%	16.9%	17.0%
Psychiatric Diagnoses							
Substance abuse/dependency	70.7%	79.5%	79.1%	73.2%	71.6%	72.4%	71.8%
Alcohol dependency/abuse	43.7%	53.1%	54.3%	49.8%	49.2%	50.2%	48.7%
Drug dependency/abuse	27.0%	26.4%	24.7%	23.4%	22.4%	22.2%	23.1%
Schizophrenia	10.8%	3.0%	2.4%	2.6%	3.2%	4.3%	4.3%
Other psychotic disorder	4.5%	2.5%	2.7%	3.0%	3.9%	4.1%	4.4%
PTSD	8.9%	10.1%	12.5%	18.5%	17.5%	16.0%	16.3%
Other psychiatric disorder	3.5%	2.9%	1.8%	1.8%	1.6%	1.7%	1.7%
Length of Stay (days)††							
Mean	82.4	44.1	29.4	34.7	34.7	39.3	40.8
Standard Deviation	98.6	57.3	43.1	43.6	42.9	48.4	51.3

† The number of operating beds used in this table is the highest number of beds active at each site during FY02 and includes programs that closed.

†† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files, and was truncated to 365 days.

Table 5b. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); SARRTP Programs.†

Veteran Characteristics	SARRTP PROGRAMS					
	FY96 N= 988 Discharges N= 6 Programs N= 133 Beds	FY97 N= 3,889 Discharges N= 20 Programs N= 504 Beds	FY99 N= 10,225 Discharges N= 39 Programs N= 898 Beds	FY00 N= 9,182 Discharges N= 38 Programs N= 875 Beds	FY01 N= 6,955 Discharges N= 38 Programs N= 834 Beds	FY02 N= 7,171 Discharges N=35 Programs N= 763 Beds††
Sex						
Male	97.5%	97.6%	97.4%	97.4%	97.3%	97.0%
Female	2.5%	2.4%	2.6%	2.6%	2.7%	3.0%
Ethnicity						
White	44.1%	53.9%	52.3%	53.7%	55.3%	54.0%
African American	48.0%	40.0%	40.8%	39.5%	37.8%	37.8%
Hispanic	5.4%	2.8%	2.8%	2.8%	2.0%	2.8%
Other or unknown	2.5%	3.3%	4.1%	4.0%	4.8%	5.4%
% Service Connected						
Any service connection	15.8%	18.5%	21.6%	22.2%	22.2%	21.6%
<50%	11.9%	11.6%	13.1%	12.8%	12.5%	12.1%
50-100%	3.8%	6.9%	8.5%	9.4%	9.7%	9.5%
Psychiatric Diagnoses						
Substance abuse/dependency	99.0%	96.4%	98.4%	96.2%	97.7%	95.4%
Alcohol dependency/abuse	56.9%	63.3%	66.1%	66.2%	67.3%	64.8%
Drug dependency/abuse	42.1%	33.1%	32.2%	30.0%	30.4%	30.6%
Schizophrenia	0.3%	0.4%	0.1%	0.3%	0.2%	0.3%
Other psychotic disorder	0.4%	0.7%	0.6%	0.5%	0.6%	1.5%
PTSD	0.2%	0.3%	0.4%	0.5%	0.7%	1.4%
Other psychiatric disorder	0.0%	1.9%		0.3%	0.4%	0.3%
Length of Stay (days)†††						
Mean	34.6	26.5	25.1	25.6	27.1	28.8
Standard Deviation	35.5	23.7	18.7	20.6	23.0	25.7

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

†† The number of operating beds used in this table is the highest number of beds active at each site during FY02 and includes programs that closed.

††† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

Table 5c. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); General PRRTTP Programs.†

Veteran Characteristics	GENERAL PRRTTP PROGRAMS					
	FY96	FY97	FY99	FY00	FY01	FY02
	N= 630 Discharges N=8 Programs N= 147 Beds	n= 1,002 Discharges N=11 Programs N= 176 Beds	N= 2,980 Discharges N=20 Programs N= 334 Beds	N= 2,115 Discharges N=25 Programs N= 451 Beds	N= 1,857 Discharges N=20 Programs N= 344 Beds	N= 2,079 Discharges N=20 Programs N= 398 Beds††
Sex						
Male	97.8%	96.0%	95.1%	93.8%	94.9%	95.2%
Female	2.2%	4.0%	4.9%	6.2%	5.1%	4.8%
Ethnicity						
White	50.8%	44.7%	60.5%	63.1%	63.3%	58.7%
African American	28.7%	38.2%	25.8%	26.7%	21.1%	31.9%
Hispanic	4.6%	7.4%	4.2%	4.6%	5.9%	3.6%
Other or unknown	15.9%	9.7%	9.4%	5.6%	9.7%	5.7%
% Service Connected						
Any service connection	38.4%	32.2%	37.2%	38.2%	36.6%	34.5%
<50%	12.4%	11.7%	15.5%	12.9%	12.6%	12.8%
50-100%	26.0%	20.6%	21.7%	25.3%	24.0%	21.7%
Psychiatric Diagnoses						
Substance abuse/dependency	36.7%	55.5%	46.6%	40.9%	35.5%	41.6%
Alcohol dependency/abuse	28.3%	41.4%	35.3%	29.4%	28.5%	29.3%
Drug dependency/abuse	8.4%	14.1%	11.3%	11.4%	7.0%	12.3%
Schizophrenia	36.8%	16.6%	13.6%	20.2%	24.7%	22.5%
Other psychotic disorder	12.4%	9.9%	13.4%	22.6%	21.3%	18.1%
PTSD	6.8%	2.4%	96.9%	7.9%	10.0%	10.3%
Other psychiatric disorder	5.2%	6.5%		6.8%	7.5%	7.0%
Length of Stay (days)†††						
Mean	120.8	44.7	38.5	37.6	44.8	44.4
Standard Deviation	127.0	48.0	49.0	52.8	46.5	51.4

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

†† The number of operating beds used in this table is the highest number of beds active at each site during FY02 and includes programs that closed.

††† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

Table 5d. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); PRRP Programs.†

Veteran Characteristics	PRRP PROGRAMS					
	FY96	FY97	FY99	FY00	FY01	FY02
	N= 153	N= 623	N= 2,532	N= 2,371	N= 1,592	N= 1,624
	Discharges	Discharges	Discharges	Discharges	Discharges	Discharges
	N= 5 Programs	N= 6 Programs	N= 19 Programs	N= 18 Programs	N= 17 Programs	N= 17 Programs
	N= 92 Beds	N=145 Beds	N= 374 Beds	N= 346 Beds	N= 325 Beds	N= 286 Beds††
Sex						
Male	99.4%	95.4%	98.4%	99.1%	98.1%	98.7%
Female	0.7%	4.7%	1.6%	0.9%	2.0%	1.4%
Ethnicity						
White	85.6%	70.0%	63.0%	60.6%	61.7%	63.6%
African American	10.5%	12.2%	27.6%	30.0%	27.6%	25.2%
Hispanic	2.0%	7.5%	4.8%	3.9%	4.3%	4.3%
Other or unknown	1.9%	10.3%	4.7%	5.5%	6.5%	7.0%
% Service Connected						
Any service connection	67.3%	69.8%	68.4%	66.8%	70.4%	70.4%
<50%	34.6%	29.5%	28.9%	25.4%	23.6%	20.1%
50-100%	32.7%	40.3%	39.5%	41.4%	46.8%	50.3%
Psychiatric Diagnoses						
Substance abuse/dependency	0.7%	4.8%	2.8%	2.3%	1.3%	1.1%
Alcohol dependency/abuse	0.7%	3.1%	1.8%	1.6%	0.9%	0.6%
Drug dependency/abuse	0.0%	1.8%	1.0%	0.7%	0.4%	0.4%
Schizophrenia	0.7%	0.0%	0.1%	0.0%	0.1%	0.1%
Other psychotic disorder	1.3%	2.3%	0.4%	0.5%	0.4%	0.4%
PTSD	94.1%	93.1%	96.9%	96.4%	96.4%	95.9%
Other psychiatric disorder	2.0%	1.9%		1.8%	0.8%	0.4%
Length of Stay (days)†††						
Mean	60.7	49.9	39.0	36.9	36.6	37.5
Standard Deviation	55.4	25.9	31.2	23.8	24.7	26.0

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

†† The number of operating beds used in this table is the highest number of beds active at each site during FY02 and includes programs that closed.

††† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

Table 5e. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); SA CWT/TR Programs.†

Veteran Characteristics	SA CWT/TR PROGRAMS					
	FY96 N= 300 Discharges N= 11 Programs N= 200 Beds	FY97 N= 421 Discharges N= 12 Programs N= 217 Beds	FY99 N= 342 Discharges N= 12 Programs N= 227 Beds	FY00 N= 398 Discharges N= 12 Programs N= 222 Beds	FY01 N= 402 Discharges N= 13 Programs N= 230 Beds	FY02 N= 375 Discharges N= 14 Programs N= 235 Beds
Sex						
Male	97.7%	97.6%	95.3%	94.7%	95.8%	95.2%
Female	2.3%	2.4%	4.7%	5.3%	4.2%	4.8%
Ethnicity						
White	48.3%	42.3%	37.7%	42.2%	44.5%	44.5%
African American	50.5%	53.9%	55.0%	52.3%	50.0%	49.1%
Hispanic	0.7%	1.9%	3.5%	2.5%	0.8%	2.4%
Other or unknown	0.3%	1.9%	3.8%	3.0%	4.7%	4.0%
% Service Connected						
Any service connection	11.3%	10.0%	9.9%	9.8%	10.5%	11.5%
<50%	10.3%	8.3%	8.2%	8.3%	10.0%	11.2%
50-100%	1.0%	1.7%	1.8%	1.5%	0.5%	0.3%
Psychiatric Diagnoses						
Substance abuse/dependency	93.0%	96.9%	77.2%	78.9%	82.6%	88.8%
Alcohol dependency/abuse	59.0%	64.4%	47.1%	46.5%	47.0%	50.4%
Drug dependency/abuse	34.0%	32.5%	30.1%	32.4%	35.6%	38.4%
Schizophrenia	0.3%	0.0%	0.0%	0.5%	0.0%	1.1%
Other psychotic disorder	1.3%	0.7%	0.9%	1.0%	2.0%	1.9%
PTSD	2.3%	1.0%	0.6%	0.5%	0.3%	0.8%
Other psychiatric disorder	1.3%	1.0%		1.0%	0.5%	2.1%
Length of Stay (days)††						
Mean	151.8	148.3	169.4	152.4	157.4	165.3
Standard Deviation	104.2	106.9	111.9	99.3	109.7	109.1

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

†† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

Table 5f. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); HCMI CWT/TR Programs.†

Veteran Characteristics	HCMI CWT/TR PROGRAMS					
	FY96	FY97	FY99	FY00	FY01	FY02
	N= 133 Discharges N= 8 Programs N= 139 Beds	N= 182 Discharges N= 7 Programs N= 133 Beds	N= 239 Discharges N= 8 Programs N= 139 Beds	N= 281 Discharges N= 8 Programs N= 151 Beds	N= 292 Discharges N= 9 Programs N= 158 Beds	N= 386 Discharges N= 9 Programs N= 158 Beds
Sex						
Male	98.5%	96.7%	95.0%	97.5%	96.6%	96.9%
Female	1.5%	3.3%	5.0%	2.5%	3.4%	3.1%
Ethnicity						
White	54.1%	61.0%	61.1%	62.3%	57.5%	64.5%
African American	35.3%	34.6%	33.9%	31.7%	38.0%	31.6%
Hispanic	6.0%	1.1%	2.1%	1.4%	1.7%	2.1%
Other or unknown	4.5%	3.3%	2.9%	4.6%	2.7%	1.8%
% Service Connected						
Any service connection	13.5%	9.3%	12.1%	18.9%	15.4%	17.6%
<50%	10.5%	8.2%	7.5%	12.8%	12.0%	10.9%
50-100%	3.0%	1.1%	4.6%	6.0%	3.4%	6.7%
Psychiatric Diagnoses						
Substance abuse/dependency	52.6%	64.3%	68.2%	75.1%	76.0%	77.7%
Alcohol dependency/abuse	34.6%	44.0%	44.8%	48.4%	50.7%	53.6%
Drug dependency/abuse	18.1%	20.3%	23.4%	26.7%	25.3%	24.1%
Schizophrenia	1.5%	0.0%	1.7%	0.7%	0.7%	2.1%
Other psychotic disorder	7.5%	5.0%	3.8%	6.1%	3.1%	3.4%
PTSD	0.8%	1.1%	4.2%	3.6%	2.4%	5.4%
Other psychiatric disorder	27.1%	12.6%		2.1%	2.7%	3.6%
Length of Stay (days)††						
Mean	124.2	155.8	159.0	124.1	137.7	127.0
Standard Deviation	101.6	113.8	103.8	99.2	93.0	106.7

† Data for FY98 are not available due to errors in coding (see FY98 report for details).

†† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

Table 5g. Veteran Characteristics by Fiscal Year as Documented by PTF Data (Inpatient and Extended Care Files); PTSD and General CWT/TR Programs.†

Veteran Characteristics	PTSD PROGRAMS			General CWT/TR PROGRAMS		
	FY00 PTSD N= 3 Discharges N= 1 Program N= 7 Beds	FY01 PTSD N= 8 Discharges N= 1 Program N= 7 Beds	FY02 PTSD N= 8 Discharges N= 1 Program N= 8 Beds	FY00 General CWT/TR N= 12 Discharges N= 1 Program N= 10 Beds	FY01 General CWT/TR N= 28 Discharges N= 1 Program N= 10 Beds	FY02 General CWT/TR N= 23 Discharges N= 1 Program N= 10 Beds
Sex						
Male	0.0%	0.0%	0.0%	91.7%	100.0%	95.7%
Female	100.0%	100.0%	100.0%	8.3%	0.0%	4.4%
Ethnicity						
White	100.0%	50.0%	50.0%	83.3%	78.6%	78.3%
African American	0.0%	25.0%	50.0%	16.7%	14.3%	17.4%
Hispanic	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%
Other or unknown	0.0%	12.5%	0.0%	0.0%	7.1%	4.4%
% Service Connected						
Any service connection	66.7%	37.5%	25.0%	25.0%	10.7%	26.1%
<50%	0.0%	12.5%	12.5%	0.0%	7.1%	26.1%
50-100%	66.7%	25.0%	12.5%	25.0%	3.6%	0.0%
Psychiatric Diagnoses						
Substance abuse/dependency	0.0%	37.5%	50.0%	91.7%	89.3%	82.6%
Alcohol dependency/abuse	0.0%	25.0%	37.5%	91.7%	75.0%	65.2%
Drug dependency/abuse	0.0%	12.5%	12.5%	0.0%	14.3%	17.4%
Schizophrenia	0.0%	0.0%	0.0%	0.0%	0.0%	4.4%
Other psychotic disorder	33.3%	37.5%	25.0%	0.0%	0.0%	87.0%
PTSD	0.0%	12.5%	12.5%	8.3%	14.3%	4.4%
Other psychiatric disorder	66.7%	12.5%	25.0%	0.0%	3.6%	0.0%
Length of Stay (days)††						
Mean	23.0	97.1	185.9	71.0	150.6	155.2
Standard Deviation	11.8	44.0	145.2	51.4	83.4	101.4

† Data are not available for previous fiscal years as FY00 is the first year of operation for these two types of PR RTP programs.

†† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

Table 6a. Number of PR RTP Programs by VISN and by Fiscal Year.

VISN	TOTAL # of Programs in VISN							Change from FY01 to FY02	% Change from FY01 to FY02
	FY96	FY97	FY98	FY99	FY00	FY01	FY02		
1	4	5	8	7	7	6	7	1	16.7%
2	1	2	6	5	5	5	5	0	0.0%
3	2	2	5	6	8	7	6	-1	-14.3%
4	4	8	10	9	11	9	8	-1	-11.1%
5	1	1	1	1	1	1	3	2	200.0%
6	2	3	5	4	4	4	4	0	0.0%
7	1	1	1	1	1	1	1	0	0.0%
8	1	2	6	7	7	8	8	0	0.0%
9	0	1	1	1	1	1	1	0	0.0%
10	2	5	5	6	4	4	3	-1	-25.0%
11	1	3	4	4	4	5	6	1	20.0%
12	1	1	6	7	10	12	13	1	8.3%
15	1	2	3	3	4	3	2	-1	-33.3%
16	3	3	6	7	8	7	4	-3	-42.9%
17	1	1	2	2	2	3	3	0	0.0%
18	4	4	4	3	3	3	3	0	0.0%
19	1	0	5	3	1	1	2	1	100.0%
20	3	3	7	8	9	7	7	0	0.0%
21	3	6	9	9	9	7	6	-1	-14.3%
22	0	0	2	2	1	1	0	-1	-100.0%
23	2	3	4	3	3	4	5	1	25.0%
Nat.Total	38	56	100	98	103	99	97	-2	-2.0%
VISN Avg	1.8	2.7	4.8	4.7	4.9	4.7	4.6	-0.1	6.1%
VISN S.D.	1.2	2.0	2.5	2.6	3.2	3.0	3.0	1.1	55.5%

Table 6b. Number of SARRTP Programs by VISN and by Fiscal Year.

VISN	Total Number of SARRTP's						
	FY96	FY97	FY98	FY99	FY00	FY01	FY02
1	0	1	3	2	2	1	2
2	0	0	3	2	2	3	2
3	1	1	3	3	3	3	2
4	2	5	5	5	5	3	3
5	0	1	1	1	1	1	1
6	0	1	3	3	3	3	3
7	0	0	0	0	0	0	0
8	0	1	3	3	3	3	3
9	0	1	1	1	1	1	1
10	0	3	2	2	1	1	1
11	0	1	1	1	1	2	2
12	0	0	3	4	4	6	6
15	0	0	1	0	0	0	0
16	1	1	3	2	2	2	1
17	0	0	1	1	1	1	1
18	2	2	2	1	1	2	1
19	0	0	2	0	0	0	1
20	0	1	4	4	4	3	3
21	0	0	2	2	2	0	0
22	0	0	1	1	1	1	0
23	0	1	1	1	1	2	2
TOTALS	6	20	45	39	38	38	35
% of Total for the FY	15.8%	35.7%	45.0%	39.8%	36.9%	38.4%	36.1%

Table 6c. Number of General PR RTP and PRRP Programs by VISN and by Fiscal Year.

VISN	Total Number of General PR RTP's							Total Number of PRRP's						
	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY96	FY97	FY98	FY99	FY00	FY01	FY02
1	0	0	1	1	0	0	0	1	1	1	1	1	1	1
2	0	1	1	1	1	0	1	0	0	1	1	1	1	1
3	1	1	1	1	2	1	1	0	0	1	1	2	2	2
4	0	1	1	1	2	2	2	0	0	2	1	2	2	1
5	0	0	0	0	0	0	1	0	0	0	0	0	0	1
6	1	1	1	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	1	1	1	2	2	2	2	0	0	2	2	2	2	2
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	2	1	2	2	1	1	1	0	0	0	1	1	1	0
11	0	0	1	1	1	1	1	0	1	1	1	1	1	1
12	0	0	0	0	2	1	2	0	0	2	2	2	2	2
15	0	1	1	2	3	2	1	0	0	0	0	0	0	0
16	0	0	0	1	2	2	0	0	0	1	2	2	1	1
17	0	0	0	0	0	0	0	0	0	0	0	0	1	1
18	2	2	2	2	2	1	2	0	0	0	0	0	0	0
19	0	0	1	1	1	1	1	1	0	2	2	0	0	0
20	1	1	1	2	3	3	3	2	1	1	1	1	0	0
21	0	1	2	2	2	2	1	1	3	3	3	3	3	3
22	0	0	0	0	0	0	0	0	0	1	1	0	0	0
23	0	0	1	1	1	1	1	0	0	1	0	0	0	1
TOTALS	8	11	17	20	25	20	20	5	6	19	19	18	17	17
% of Total for the FY	21.1%	19.6%	17.0%	20.4%	24.3%	20.2%	20.6%	13.2%	10.7%	19.0%	19.4%	17.5%	17.2%	17.5%

Table 6d. Number of SA CWT/TR and HCMI CWT/TR Programs by VISN and by Fiscal Year.

VISN	Total Number of Substance Abuse CWT/TR's							Total Number of HCMI CWT/TR's†						
	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY96	FY97	FY98	FY99	FY00	FY01	FY02
1	2	2	2	2	2	2	2	1	1	1	1	1	1	1
2	0	0	0	0	0	0	0	1	1	1	1	1	1	1
3	0	0	0	0	0	0	0	0	0	0	1	1	1	1
4	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5	0	0	0	0	0	0	0	1	0	0	0	0	0	0
6	1	1	1	1	1	1	1	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	1	1	1	1	1	1	1
8	0	0	0	0	0	1	1	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	0	1	1	1	1	1	1	0	0	0	0	0	0	0
11	1	1	1	1	1	1	2	0	0	0	0	0	0	0
12	1	1	1	1	1	1	1	0	0	0	0	0	1	1
15	1	1	1	1	1	1	1	0	0	0	0	0	0	0
16	1	1	1	1	1	1	1	1	1	1	1	1	1	1
17	0	0	0	0	0	0	0	1	1	1	1	1	1	1
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	1	1	1	1	1	0	0	0	0	0	0	0
21	1	1	1	1	1	1	1	1	1	1	1	1	1	1
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	2	2	1	1	1	1	1	0	0	0	0	0	0	0
TOTALS	11	12	12	12	12	13	14	8	7	7	8	8	9	9
% of total														
for Fiscal														
Year	28.9%	21.4%	12.0%	12.2%	11.7%	13.0%	14.4%	21.1%	12.5%	7.0%	8.2%	7.8%	9.0%	9.3%

Table 7a. Number of PR RTP Beds by VISN and by Fiscal Year.

VISN	Number of Beds							Change from FY01 to FY02	% Change from FY01 to FY02
	FY96	FY97	FY98	FY99	FY00	FY01	FY02†		
1	97	117	167	149	132	117	133	16	13.7%
2	11	19	118	94	94	91	91	0	0.0%
3	55	55	140	144	191	164	139	-25	-15.2%
4	74	173	223	198	245	161	131	-30	-18.6%
5	10	32	32	32	10	32	104	72	225.0%
6	29	54	97	96	91	90	85	-5	-5.6%
7	6	6	12	12	12	12	12	0	0.0%
8	18	43	120	122	116	122	129	7	5.7%
9	0	30	19	19	19	19	19	0	0.0%
10	53	110	110	127	80	80	68	-12	-15.0%
11	12	98	125	116	116	135	141	6	4.4%
12	22	22	152	151	203	219	192	-27	-12.3%
15	38	55	63	63	88	63	55	-8	-12.7%
16	72	65	121	139	151	129	70	-59	-45.7%
17	20	20	60	52	60	72	76	4	5.6%
18	55	66	68	36	42	38	38	0	0.0%
19	20	0	100	38	17	27	42	15	55.6%
20	69	74	144	143	154	116	112	-4	-3.4%
21	31	99	158	145	158	113	81	-32	-28.3%
22	0	0	43	43	30	45	0	-45	-100.0%
23	19	37	63	53	53	63	73	10	15.9%
Nat. Total	692	1,138	2,135	1,972	2,062	1,908	1,791	-117	-6.1%
VISN Avg	36.4	59.9	101.7	93.9	98.2	90.9	85.3	-5.6	3.3%
VISN STD	26.9	42.9	52.8	52.9	66.3	52.9	47.6	26.0	56.9%

† The beds listed in this table were operational at the end of FY02; therefore, the total does not match with the total number of beds listed in Table 1a or in Table 3 (see those tables for further information).

Table 7b. Number of Discharges by VISN and by Fiscal Year.

VISN	Number of Discharges†							Change from FY01 to FY02	% Change from FY01 to FY02
	FY96	FY97	FY98	FY99	FY00	FY01	FY02		
1	124	290	864	584	487	389	452	63	16.2%
2	18	61	769	886	992	851	756	-95	-11.2%
3	280	92	1045	1004	920	269	651	382	142.0%
4	592	1954	2317	2141	1822	748	642	-106	-14.2%
5	0	81	232	179	182	236	609	373	158.1%
6	40	403	719	833	781	810	793	-17	-2.1%
7	0	14	6	20	40	15	0	-15	-100.0%
8	51	181	902	772	743	773	779	6	0.8%
9	n.a.	214	352	391	332	370	319	-51	-13.8%
10	211	637	1184	934	597	625	932	307	49.1%
11	31	229	1059	1016	1017	1031	1003	-28	-2.7%
12	43	32	482	1243	1513	1491	1372	-119	-8.0%
15	46	94	668	693	540	111	96	-15	-13.5%
16	117	281	1105	1295	1139	498	435	-63	-12.7%
17	21	18	593	572	517	702	703	1	0.1%
18	445	614	493	443	382	342	307	-35	-10.2%
19	85	n.a.	939	321	106	166	263	97	58.4%
20	42	389	1149	1109	746	726	740	14	1.9%
21	24	393	909	1094	836	549	310	-239	-43.5%
22	n.a.	n.a.	501	494	419	89	n.a.	n.a.	n.a.
23	34	140	182	294	251	343	504	161	46.9%
Nat. Total	2,170	5,977	16,470	16,318	14,362	11,134	11,666	621	4.8%
VISN Avg	120.6	332.1	784.3	777.0	683.9	530.2	555.5	29.6	11.5%
VISN STD	159.6	435.1	474.1	463.1	439.7	350.4	334.5	154.5	55.0%

†Data on discharges were obtained from VA's PTF, using both inpatient and extended care files.

Table 7c. Mean Length of Stay by VISN and by Fiscal Year.

VISN	Mean LOS†								
	FY96	FY97	FY98	FY99	FY00	FY01	FY02	Change from FY01 to FY02	% Change from FY01 to FY02
1	127.9	94.8	37.7	72.8	71.6	88.8	80.0	-8.8	-9.9%
2	113.4	82.6	27.4	30.0	24.0	27.7	27.6	-0.1	-0.3%
3	205.9	100.2	30.0	34.9	43.6	75.4	44.4	-31.0	-41.1%
4	34.5	23.1	21.3	28.1	28.6	42.2	50.0	7.9	18.6%
5	n.a.	31.8	49.0	54.5	55.5	37.6	35.9	-1.7	-4.4%
6	155.2	42.5	31.5	34.3	34.4	31.8	32.7	0.8	2.6%
7	n.a.	165.3	79.3	178.8	106.7	119.2	n.a.	n.a.	n.a.
8	98.7	88.2	37.0	44.8	44.3	41.5	48.6	7.1	17.1%
9	n.a.	29.2	11.9	12.5	12.3	12.1	12.8	0.7	6.0%
10	64.8	38.5	33.1	38.2	38.7	32.4	23.9	-8.4	-26.0%
11	110.4	47.0	28.9	34.1	35.6	30.9	39.2	8.3	26.9%
12	151.5	218.9	36.3	35.1	36.8	42.3	40.4	-1.8	-4.3%
13	216.8	123.8	52.1	60.4	60.6	53.7	††	n.a.	n.a.
14	127.0	49.8	16.2	37.7	31.1	32.7	††	n.a.	n.a.
15	130.3	114.5	15.9	20.7	20.2	138.6	129.4	-9.2	-6.7%
16	89.2	66.9	29.0	29.7	29.4	42.3	53.7	11.5	27.2%
17	161.8	140.1	22.4	27.4	26.4	29.1	32.3	3.2	11.0%
18	40.6	32.1	26.1	28.0	27.3	32.8	31.3	-1.4	-4.4%
19	44.1	n.a.	29.7	40.9	44.7	40.6	37.6	-3.1	-7.5%
20	44.5	34.5	29.4	34.1	32.3	30.6	37.5	6.9	22.5%
21	84.1	57.1	41.7	44.7	45.9	47.7	73.1	25.4	53.3%
22	n.a.	n.a.	28.1	25.7	16.7	15.1	n.a.	n.a.	n.a.
23	See Visns 13 and 14						49.0	n.a.	n.a.
Veteran Avg	82.4	44.1	29.5	34.7	34.7	39.3	40.8	1.5	3.7%
VISN Avg	111.2	79.0	32.5	43.0	39.4	47.5	38.2	0.3	3.5%
VISN STD	53.0	51.1	14.0	32.3	20.2	30.7	28.6	9.8	18.6%

† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

†† During FY02 Visn 13 and Visn 14 merged to form VISN 23.

Table 8. Total FTEE and Ratio of FTEE to Operational Beds by VISN and by Fiscal Year.

VISN	Total Number of FTEE									FTEE to Operational Bed Ratio†								
	FY96	FY97	FY98	FY99	FY00	FY01	FY02	Change from FY01 to FY02	% Change from FY01 to FY02	FY96	FY97	FY98	FY99	FY00	FY01	FY02	Change from FY01 to FY02	% Change from FY01 to FY02
1	16.9	21.6	56.3	33.5	30.0	19.7	22.3	2.6	13.2%	0.17	0.23	0.37	0.26	0.23	0.20	0.19	-0.01	-3.5%
2	3.7	4.4	73.2	52.3	50.6	58.6	50.6	-8.1	-13.7%	0.34	0.25	0.58	0.52	0.54	0.62	0.54	-0.08	-12.8%
3	14.0	10.7	56.5	53.3	70.3	62.1	61.9	-0.2	-0.3%	0.25	0.20	0.41	0.35	0.37	0.31	0.43	0.12	38.7%
4	28.3	71.9	90.3	87.3	110.9	76.6	48.3	-28.2	-36.9%	0.38	0.41	0.43	0.39	0.45	0.48	0.35	-0.13	-27.2%
5	1.5	13.5	10.9	11.5	9.9	10.6	35.1	24.6	232.7%	0.15	0.42	0.34	0.36	0.99	0.33	0.36	0.04	10.6%
6	4.9	21.3	47.1	42.0	40.6	41.7	39.3	-2.4	-5.7%	0.17	0.31	0.47	0.47	0.45	0.49	0.46	-0.03	-5.3%
7	1.6	1.5	1.9	1.4	2.7	1.9	1.3	-0.6	-32.6%	0.27	0.25	0.16	0.11	0.22	0.16	0.11	-0.05	-32.5%
8	9.1	9.6	61.8	51.5	49.3	47.2	53.5	6.3	13.4%	0.51	0.24	0.58	0.45	0.42	0.43	0.44	0.01	2.8%
9	n.a.	6.1	8.9	12.4	13.2	12.7	10.4	-2.3	-17.8%	n.a.	0.20	0.47	0.65	0.69	0.67	0.55	-0.12	-18.4%
10	20.8	76.7	83.4	59.7	37.8	51.8	36.9	-14.9	-28.8%	0.39	0.73	0.87	0.47	0.47	0.70	0.58	-0.13	-17.9%
11	2.3	38.0	52.9	50.6	56.0	55.9	61.4	5.5	9.9%	0.19	0.35	0.40	0.38	0.48	0.38	0.35	-0.03	-6.6%
12	6.9	6.5	65.5	73.2	98.6	81.5	113.0	31.5	38.6%	0.31	0.30	0.44	0.49	0.49	0.35	0.42	0.07	20.6%
13	2.4	3.1	15.0	16.9	14.5	20.6	††	n.a.	n.a.	0.24	0.31	0.40	0.41	0.41	0.38	††	n.a.	n.a.
14	3.0	7.5	10.8	5.8	6.5	6.5	††	n.a.	n.a.	0.33	0.25	0.38	0.32	0.36	0.36	††	n.a.	n.a.
15	7.0	16.6	26.4	29.1	37.0	21.5	10.3	-11.2	-52.1%	0.18	0.31	0.57	0.73	0.42	0.58	0.20	-0.38	-66.0%
16	31.5	21.8	77.6	60.2	68.3	60.8	20.1	-40.7	-66.9%	0.44	0.42	0.73	0.47	0.45	0.45	0.33	-0.11	-25.4%
17	2.8	2.4	8.3	6.5	8.0	24.2	24.0	-0.2	-0.7%	0.14	0.12	0.13	0.12	0.13	0.37	0.36	0.00	-0.5%
18	23.1	34.6	31.3	27.7	24.4	25.6	22.9	-2.6	-10.3%	0.42	0.52	0.49	0.85	0.58	0.67	0.60	-0.07	-10.7%
19	7.2	n.a.	44.5	22.4	7.2	12.5	26.7	14.3	114.5%	0.36	n.a.	0.49	0.58	0.42	0.46	0.71	0.25	53.8%
20	16.9	32.8	52.2	45.2	48.0	40.5	43.1	2.6	6.3%	0.24	0.48	0.38	0.35	0.31	0.38	0.43	0.05	13.0%
21	23.0	67.2	88.8	62.4	73.6	54.7	47.0	-7.7	-14.0%	0.74	0.56	0.51	0.40	0.47	0.52	0.61	0.09	17.4%
22	n.a.	n.a.	23.0	28.5	18.5	17.3	n.a.	n.a.	n.a.	n.a.	n.a.	0.48	0.70	0.62	0.38	n.a.	n.a.	n.a.
23	5.4	10.6	25.8	22.7	21.0	27.1	29.5	2.4	8.9%	see Visns 13 and 14						0.38	n.a.	n.a.
Nat.Total	226.9	467.8	986.6	833.1	875.8	804.3	757.7	-29.3	-5.8%	0.32	0.40	0.49	0.44	0.42	0.42	0.42	0.00	0.0%
VISN Avg	11.3	23.4	44.8	37.9	39.8	36.6	37.9	-1.5	7.9%	0.31	0.34	0.46	0.45	0.45	0.44	0.42	-0.03	-3.7%
VISN S.D.	9.4	23.0	27.9	23.1	29.8	23.1	24.7	15.5	63.0%	0.14	0.14	0.16	0.18	0.17	0.14	0.17	0.12	25.5%

† Greater ratios reflect higher staffing. These ratios do not factor in bed occupancy.

†† During FY02 Visn 13 and Visn 14 merged to form Visn 23.

Table 9. Most Frequent Diagnostic Target Populations Treated in PR RTP's by VISN for FY02.

VISN	Number of Programs in VISN	Most Frequent Top Three Target Populations					
		Number of Programs with Substance Abuse Disorder Targeted	Number of Programs with Severe Mental Illness Targeted	Number of Programs with Dual Diagnosis Targeted	Number of Programs with PTSD Targeted	Number of Programs with All Psych Conditions Targeted	Number of Programs with Medical Co-Morbidities Targeted
1	7	7	0	6	5	3	0
2	5	5	0	4	3	1	2
3	6	5	1	2	2	3	4
4	8	7	1	7	3	2	4
5	3	3	0	1	2	3	0
6	4	4	0	3	0	2	3
7	1	1	0	0	1	0	0
8	8	7	1	7	3	2	2
9	1	1	0	1	0	0	1
10	3	3	1	3	0	1	1
11	6	5	1	6	4	2	0
12	13	11	2	11	9	1	3
15	2	2	1	2	0	0	1
16	4	4	1	2	2	1	1
17	3	3	1	2	2	0	1
18	3	3	0	3	2	1	0
19	2	2	1	1	1	0	1
20	7	5	2	6	3	2	2
21	6	4	1	4	3	2	0
23	5	4	1	5	4	0	1
Total	97 (100%)	86 (88.7%)	15 (15.5%)	76 (78.4%)	49 (50.5%)	26 (26.8%)	27 (27.8%)

Table 10. Most Frequent Special Patient Populations Treated in PR RTP's by VISN for FY02.

VISN	Number of Programs in VISN	Most Frequent TopThree Special Patient Populations				
		Number of Programs Targeting the Homeless	Number of Programs Targeting Females	Number of Programs Targeting the Elderly	Number of Programs Targeting Veterans with AIDS/HIV	Number of Programs Targeting Other Special Populations†
1	7	7	4	1	4	2
2	5	5	1	2	2	2
3	6	6	2	2	5	1
4	8	7	4	4	1	0
5	3	3	1	1	3	0
6	4	4	3	2	0	1
7	1	1	1	0	0	0
8	8	8	5	4	6	0
9	1	1	1	1	0	0
10	3	3	2	1	0	0
11	6	6	2	2	1	3
12	13	13	4	7	5	4
15	2	2	2	2	0	0
16	4	4	3	2	1	0
17	3	3	2	3	0	1
18	3	3	1	2	1	0
19	2	2	1	0	0	2
20	7	7	5	4	0	1
21	6	4	3	2	1	2
23	5	5	2	2	0	2
Total	97 (100%)	94 (96.9%)	49 (50.5%)	44 (45.4%)	30 (30.9%)	21 (21.6%)

† Other populations includes veterans with vocational deficits, Native Americans, Vietnam veterans and combat veterans.

Table 11. Mean Ratings of the Importance of Services Directly Provided by PR RTP Staff by VISN for FY02.

Scale:	Service	Service	Service	Service	Service of
0-4	not	Somewhat	Moderately	Quite	Primary
	Provided	Important	Important	Important	Importance
	0	1	2	3	4

VISN	Number of Programs in VISN	Assessment and Diagnosis	Relapse Prevention	Crisis Inter- vention	Detox- ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Manage- ment	Occupational/ Recreational Therapy	Self-help Groups	Discharge Planning
1	7	3.0	3.6	2.6	0.0	3.6	2.7	3.6	2.4	0.9	2.7	3.0	2.4	2.0	2.3	3.3	3.6
2	5	3.8	3.2	3.5	0.6	3.8	3.2	3.6	2.6	1.6	2.6	2.6	2.2	1.8	1.8	3.0	3.6
3	6	3.5	3.8	2.2	0.0	3.7	2.5	4.0	2.7	1.2	2.0	1.8	1.8	1.8	2.2	3.5	3.3
4	8	3.0	3.8	2.1	1.0	3.6	2.9	3.1	3.0	2.1	2.4	3.3	2.4	2.1	2.9	3.6	3.9
5	3	3.3	3.3	3.3	0.0	3.0	3.0	3.7	2.7	2.0	1.7	3.3	3.3	1.7	2.3	3.0	3.7
6	4	3.3	4.0	1.3	0.8	3.8	3.0	3.8	2.8	2.5	2.0	2.0	1.5	2.5	2.3	3.8	4.0
7	1	4.0	3.0	3.0	0.0	3.0	4.0	4.0	0.0	0.0	4.0	3.0	3.0	4.0	2.0	4.0	4.0
8	8	3.3	3.8	2.5	0.4	3.3	2.5	3.8	3.1	1.8	2.6	3.8	3.0	1.9	3.4	2.9	3.9
9	1	4.0	4.0	2.0	2.0	4.0	2.0	4.0	4.0	2.0	3.0	3.0	4.0	2.0	2.0	4.0	4.0
10	3	3.3	3.7	2.7	0.3	3.3	3.0	3.7	3.3	1.7	2.0	2.7	2.7	2.7	3.0	3.7	4.0
11	6	3.8	3.3	3.2	0.2	3.5	2.8	4.0	3.7	1.5	3.7	3.7	3.2	3.0	3.2	3.5	3.8
12	13	3.8	3.6	2.3	0.1	3.5	2.9	3.5	3.2	1.7	1.9	3.2	2.6	2.2	2.6	3.2	3.8
15	2	3.5	3.5	3.5	0.0	3.5	3.5	3.0	3.5	0.5	3.5	3.5	4.0	3.5	4.0	3.0	4.0
16	4	3.5	3.5	2.5	0.8	3.8	3.0	3.0	2.0	1.0	2.0	3.3	2.0	2.3	1.5	3.3	3.8
17	3	3.7	4.0	2.0	0.7	2.3	2.0	3.7	3.0	0.3	1.3	3.0	2.3	2.0	2.7	3.3	3.7
18	3	4.0	3.3	2.0	1.3	3.7	2.7	3.7	2.7	1.3	2.7	2.0	2.0	2.0	2.0	3.7	4.0
19	2	4.0	3.5	2.5	0.0	4.0	3.5	4.0	2.5	1.0	2.0	3.5	2.5	1.0	3.0	1.0	3.5
20	7	2.7	3.6	0.7	0.0	3.3	2.0	3.1	3.0	0.9	1.4	2.7	2.6	2.0	2.9	3.0	3.7
21	6	3.0	3.0	2.3	0.7	2.5	2.7	3.3	2.2	1.2	2.7	3.7	2.8	2.3	2.0	2.2	3.7
23	5	3.2	3.6	1.8	0.0	3.6	2.6	3.8	2.6	2.0	1.6	3.0	2.2	1.4	2.0	3.2	3.6
Program Avg		3.4	3.6	2.3	0.4	3.4	2.8	3.6	2.8	1.5	2.3	3.0	2.5	2.1	2.5	3.2	3.8
VISN Avg		3.5	3.6	2.4	0.4	3.4	2.8	3.6	2.7	1.4	2.4	3.0	2.6	2.2	2.5	3.2	3.8
VISN S.D.		0.39	0.29	0.69	0.53	0.43	0.50	0.33	0.79	0.63	0.72	0.54	0.64	0.67	0.60	0.65	0.19

Table 12. Location of PR RTP Programs by VISN for FY02.

VISN	# Programs in VISN	VA Hospital Ward	VA Owned Housinig in the Community	Building on VA Grounds	Leased Property in the Community
1	7	1	4	2	0
2	5	2	1	2	0
3	6	2	1	3	0
4	8	5	2	1	0
5	3	2	0	1	0
6	4	3	1	0	0
7	1	0	1	0	0
8	8	7	0	0	1
9	1	1	0	0	0
10	3	2	1	0	0
11	6	2	1	2	1
12	13	7	1	5	0
15	2	0	1	1	0
16	4	2	2	0	0
17	3	2	1	0	0
18	3	0	0	1	2
19	2	1	0	1	0
20	7	4	2	1	0
21	6	1	2	2	1
23	5	3	1	1	0
Total	97 (100%)	47 (48.5%)	22 (22.7%)	23 (23.7%)	5 (5.2%)

Table 13. Type of PRRTTP, Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio by VISN and by Site for FY02.

VISN	Site	Type of PRRTTP	Operational Beds FY02†	Discharges During FY02	Mean Length of Stay††	Total FTEE	FTEE to Operational Bed Ratio
1	518 Bedford, MA	HCMC CWT/TR	42	197	81.7	4.62	0.11
1	523 Boston, MA	PTSD CWT/TR	8	8	185.9	2.15	0.27
1	523 Boston, MA	SA CWT/TR	20	18	248.2	3.30	0.16
1	523 Boston, MA	SARRTP	20	162	34.8	4.35	0.22
1	523A5 Brockton, MA	SARRTP	15	see 523 SARRTP above††††		3.20	0.21
1	631 Northampton, MA	SA CWT/TR	16	31	164.7	1.18	0.07
1	689 West Haven, CT	PRRP	12	36	93.4	3.48	0.29
2	528 Buffalo, NY	SARRTP	24	318	26.3	10.85	0.45
2	528A4 Batavia, NY	PRRP	16	270	13.7	13.90	0.87
2	528A5 Canandaigua, NY	General PRRTTP	30	142	42.3	17.50	0.58
2	528A8 Albany, NY	SARRTP	10	see 528 SARRTP††††		7.05	0.70
2	528A8 Albany, NY	HCMC CWT/TR	11	26	138.0	1.29	0.12
3	561 East Orange, NJ	SARRTP	30	†††	†††	11.65	0.39
3	561A4 Lyons, NJ	General PRRTTP	34	58	98.8	23.30	0.69
3	561A4 Lyons, NJ	HCMC CWT/TR	12	18	255.2	2.30	0.19
3	620 Montrose, NY	PRRP	21	†††	†††	15.50	0.74
3	632 Northport, NY	PRRP	12	†††	†††	5.50	0.46
3	632 Northport, NY	SARRTP	30	100	109.1	3.70	0.12
4	540 Clarksburg, WV	SARRTP	12	24	19.9	6.10	0.51
4	540 Clarksburg, WV	PRRP	10	8	52.6	5.50	0.55
4	595 Lebanon, PA	HCMC CWT/TR	20	51	192.3	0.61	0.03
4	595 Lebanon, PA	General PRRTTP	17	39	66.8	0.61	0.04
4	595 Lebanon, PA	SARRTP	26	283	19.1	16.25	0.63
4	646A5 Pittsburgh, PA	General PRRTTP	24	57	116.5	15.00	0.63
4	656A5 Pittsburgh, PA	SA CWT/TR	12	19	198.7	1.60	0.13
4	693 Wilkes Barre, PA	SARRTP	10	161	18.6	2.67	0.27
5	512A5 Perry Point, MD	General PRRTTP	32	179	20.9	15.50	0.48
5	512A5 Perry Point, MD	PRRP	10	21	31.4	3.50	0.35
5	512A5 Perry Point, MD	SARRTP	62	409	42.7	16.10	0.26
6	590 Hampton, VA	SA CWT/TR	21	39	123.8	3.25	0.15
6	637 Asheville, NC	SARRTP	18	226	24.0	8.76	0.49
6	658 Salem, VA	SARRTP	16	236	24.2	10.50	0.66
6	659 Salisbury, NC	SARRTP	30	292	34.0	16.80	0.56
7	508 Atlanta, GA	HCMC CWT/TR	12	†††	†††	1.30	0.11
8	516 Bay Pines, FL	SARRTP	20	239	25.5	8.15	0.41
8	516 Bay Pines, FL	PRRP	14	87	40.9	14.85	1.06
8	546 Miami, FL	PRRP	16	79	59.0	6.28	0.39
8	546 Miami, FL	General PRRTTP	18	67	74.1	5.35	0.30
8	546 Miami, FL	SARRTP	24	111	61.2	3.75	0.16
8	573 Gainesville, FL	SARRTP	20	119	49.9	6.62	0.33
8	573 Gainesville, FL	SA CWT/TR	7	24	99.4	1.01	0.14
8	573A4 Lake City, FL	General PRRTTP	10	53	65.6	7.50	0.75
9	614 Memphis, TN	SARRTP	19	319	12.8	10.40	0.55
10	539 Cincinnati, OH	SARRTP	17	346	15.6	15.10	0.89
10	541 Cleveland, OH	SA CWT/TR	25	57	129.9	3.00	0.12
10	541 Cleveland, OH	General PRRTTP	26	255	29.1	18.80	0.72

Table 13 cont. Type of PR RTP, Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio by VISN and by Site for FY02.

VISN	Site	Type of PR RTP	Operational Beds FY02†	Discharges During FY02	Mean Length of Stay††	Total FTEE	FTEE to Operational Bed Ratio
11 515	Battle Creek, MI	PRRP	30	377	24.9	13.70	0.46
11 515	Battle Creek, MI	SA CWT/TR	9	21	166.6	2.15	0.24
11 515	Battle Creek, MI	SARRTP	50	567	38.6	28.31	0.57
11 515	Battle Creek, MI	SARRTP	26	see 515 SARRTP above††††		7.50	0.29
11 550	Danville, IL	SA CWT/TR	6	6	143.8	0.65	0.11
11 583	Indianapolis, IN	General PR RTP	20	32	115.5	9.10	0.45
12 537	Chicago (W. Side), IL	General PR RTP	20	88	33.8	16.15	0.81
12 537	Chicago, IL	SARRTP	20	183	32.3	7.85	0.39
12 556	North Chicago, IL	PRRP	26	240	34.6	15.17	0.58
12 556	North Chicago, IL	SA CWT/TR	22	22	171.5	4.00	0.18
12 578	Hines, IL	General PR RTP	25	147	25.6	18.15	0.73
12 578	Hines, IL	SARRTP	25	259	37.1	13.78	0.55
12 578	Hines, IL	SARRTP	25	see 578 SARRTP above††††		11.25	0.45
12 585	Iron Mountain, MI	SARRTP	12	119	29.3	2.63	0.22
12 607	Madison, WI	SARRTP	12	32	120.1	5.25	0.44
12 676	Tomah, WI	PRRP	13	66	48.6	6.25	0.48
12 676	Tomah, WI	General CWT/TR	10	23	155.2	1.03	0.10
12 676	Tomah, WI	SARRTP	22	187	30.9	9.40	0.43
12 695	Milwaukee, WI	HCM I CWT/TR	10	6	209.2	2.04	0.20
15 589	Kansas City, MO	SA CWT/TR	30	27	182.3	2.50	0.08
15 589A6	Leavenworth, KS	General PR RTP	25	69	108.7	7.80	0.31
16 586	Jackson, MS	SARRTP	15	268	26.2	9.58	0.64
16 598	Little Rock, AR	SA CWT/TR	25	49	159.5	3.41	0.14
16 629	New Orleans, LA	PRRP	10	75	34.5	4.13	0.41
16 635	Oklahoma City, OK	HCM I CWT/TR	20	42	141.7	3.00	0.15
17 549	Dallas, TX	HCM I CWT/TR	20	28	174.0	2.37	0.12
17 549	Dallas, TX	SARRTP	36	559	21.2	5.00	0.14
17 674A4	Waco, TX	PRRP	20	97	60.7	16.65	0.83
18 501	Albuquerque, NM	General PR RTP	12	144	43.8	4.81	0.40
18 501	Albuquerque, NM	General PR RTP	10	see 501 General PR RTP above††††		7.00	0.70
18 678	Tucson, AZ	SARRTP	16	163	20.3	11.10	0.69
19 660	Salt Lake City, UT	SARRTP	15	28	26.7	14.50	0.97
19 666	Sheridan, WY	General PR RTP	27	235	38.9	12.20	0.45
20 463	Anchorage, AK	General PR RTP	24	23	189.3	2.40	0.10
20 531	Boise, ID	SARRTP	11	138	18.1	6.70	0.45
20 653	Roseburg HCS	SARRTP	20	217	25.7	13.66	0.68
20 663A4	American Lake, WA	General PR RTP	6	24	26.4	1.35	0.22
20 663A4	American Lake, WA	SA CWT/TR	24	40	202.0	4.25	0.18
20 687	Walla Walla, WA	General PR RTP	6	11	28.6	4.05	0.67
20 687	Walla Walla, WA	SARRTP	21	287	21.9	10.65	0.51
21 459	Honolulu, HI	PRRP	8	51	57.9	13.00	1.63
21 640	Palo Alto, CA	General PR RTP	2	7	124.0	1.05	0.52
21 640	Palo Alto, CA	PRRP	40	217	56.1	23.40	0.58
21 640	Palo Alto, CA	PRRP	10	see 640 PRRP above††††		6.60	0.66
21 640	Palo Alto, CA	SA CWT/TR	10	17	223.4	1.75	0.18
21 662	San Francisco, CA	HCM I CWT/TR	11	18	159.2	1.25	0.11

Table 13 cont. Type of PRRTTP, Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio by VISN and by Site for FY02.

VISN	Site	Type of PRRTTP	Operational Beds FY02†	Discharges During FY02	Mean Length of Stay††	Total FTEE	FTEE to Operational Bed Ratio
23 568	Fort Meade, ND	SA CWT/TR	8	11	193.4	1.00	0.12
23 568	Fort Meade, ND	SARRTP	12	87	31.2	4.75	0.40
23 568A4	Hot Springs, SD	PRRP	10	†††	†††	5.50	0.55
23 636A4	Grand Island, NE	SARRTP	18	231	30.7	6.55	0.36
23 656	St. Cloud, MN	General PRRTTP	25	175	57.5	11.75	0.47
National PRRTTP Total/Avg			1841	10,897	72.6	757.74	0.46
PRRTTP Site Average			19.0	112.3	74.9	7.81	0.42
PRRTTP Site S.D.			9.7	123.1	67.3	6.00	0.27

† The number of beds shown in this table were operational as of the end of FY02 except where programs closed before the end of the

†† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

††† No discharges appeared in Austin's Patient Treatment File for this program.

†††† Discharges were merged in Austin's PTF and are included with the program indicated.

Table 13a. SARRTP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY02.†

VISN	Site	Operational Beds FY02†	Discharges During FY02††	Mean Length of Stay†††	Total FTEE	FTEE to Operational Bed Ratio
SARRTP						
1 523	Boston, MA	20	162	34.8	4.35	0.22
1 523A5	Brockton, MA	15	see above	see above	3.20	0.21
2 528A8	Albany, NY	10	see below	see below	7.05	0.70
2 528	Buffalo, NY	24	318	26.3	10.85	0.45
3 561	East Orange, NJ	30	††††	††††	11.65	0.39
3 632	Northport, NY	30	100	109.1	3.70	0.12
4 540	Clarksburg, WV	12	24	19.9	6.10	0.51
4 595	Lebanon, PA	26	283	19.1	16.25	0.63
4 693	Wilkes Barre, PA	10	161	18.6	2.67	0.27
5 512A5	Perry Point, MD†††††	62	409	42.7	16.10	0.26
6 637	Asheville, NC	18	226	24.0	8.76	0.49
6 658	Salem, VA	16	236	24.2	10.50	0.66
6 659	Salisbury, NC	30	292	34.0	16.80	0.56
8 516	Bay Pines, FL	20	239	25.5	8.15	0.41
8 546	Miami, FL	24	111	61.2	3.75	0.16
8 573	Gainesville, FL	20	119	49.9	6.62	0.33
9 614	Memphis, TN	19	319	12.8	10.40	0.55
10 539	Cincinnati, OH	17	346	15.6	15.10	0.89
11 515	Battle Creek, MI	50	567	38.6	28.31	0.57
11 515	Battle Creek, MI	26	see above	see above	7.50	0.29
12 537	Chicago, IL	20	183	32.3	7.85	0.39
12 578	Hines, IL†††††	25	259	37.1	13.78	0.55
12 578	Hines, IL†††††	25	see above	see above	11.25	0.45
12 585	Iron Mountain, MI	12	119	29.3	2.63	0.22
12 607	Madison, WI	12	32	120.1	5.25	0.44
12 676	Tomah, WI	22	187	30.9	9.40	0.43
16 586	Jackson, MS	15	268	26.2	9.58	0.64
17 549	Dallas, TX	36	559	21.2	5.00	0.14
18 678	Tucson, AZ	16	163	20.3	11.10	0.69
19 660	Salt Lake City, UT†††††	15	28	26.7	14.50	0.97
20 531	Boise, ID†††††	11	138	18.1	6.70	0.45
20 653	Roseburg HCS	20	217	25.7	13.66	0.68
20 687	Walla Walla, WA	21	287	21.9	10.65	0.51
23 568	Ft. Meade, ND	12	87	31.2	4.75	0.40
23 636A4	Grand Island, NE	18	231	30.7	6.55	0.36
National SARRTP Total/Avg		759	6,670	28.8	330.46	0.46
SARRTP Site Average		21.7	190.6	29.4	9.44	0.46
SARRTP Site S.D.		10.6	144.5	25.0	5.19	0.20

† The number of beds shown in this table were operational as of the end of FY02 except where programs closed before the end of the fiscal year. Closed programs show the number of beds operational at the beginning of the fiscal year.

†† Adjustments were made to the data in this table because some sites miscoded the type of PRRTTP discharges, thus total SARRTP discharges are not consistent with totals presented in Tables 1-5.

††† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

†††† No discharges were listed in Austin's Patient Treatment File for a SARRTP program in East Orange.

††††† The following changes occurred during FY02: Hines - two 25-bed SARRTP programs closed, Perry Point - beds increased from 32 to 62 and Salt Lake City - a 15-bed program opened.

Table 13b. General PRRTTP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY02.†

VISN	Site	Operational Beds FY02†	Discharges During FY02††	Mean Length of Stay†††	Total FTEE	FTEE to Operational Bed Ratio
PRRTTP (general)						
2	528A5 Canandaigua, NY	30	142	42.3	17.50	0.58
3	561A4 Lyons, NJ	34	58	98.8	23.30	0.69
4	595 Lebanon, PA	17	39	66.8	0.61	0.04
4	646A5 Pittsburgh, PA	24	57	116.5	15.00	0.63
5	512A5 Perry Point, MD	32	179	20.9	15.50	0.48
8	546 Miami, FL	18	67	74.1	5.35	0.30
8	573A4 Lake City, FL	10	53	65.6	7.50	0.75
10	541 Cleveland, OH	26	255	29.1	18.80	0.72
11	583 Indianapolis, IN	20	32	115.5	9.10	0.45
12	537 Chicago (W. Side), IL††††	20	88	33.8	16.15	0.81
12	578 Hines, IL††††	25	147	25.6	18.15	0.73
15	589A6 Leavenworth, KS	25	69	108.7	7.80	0.31
18	501 Albuquerque, NM	12	144	43.8	4.81	0.40
18	501 Albuquerque, NM	10	see above	see above	7.00	0.70
19	666 Sheridan, WY	27	235	38.9	12.20	0.45
20	463 Anchorage, AK	24	23	189.3	2.40	0.10
20	663A4 American Lake, WA	6	24	26.4	1.35	0.22
20	687 Walla Walla, WA	6	11	28.6	4.05	0.67
21	640 Palo Alto, CA	2	7	124.0	1.05	0.52
23	656 St. Cloud, MN	25	175	57.5	11.75	0.47
Nat'l General PRRTTP Total/Avg		393	1,805	44.4	199.37	0.50
General PRRTTP Site Average		19.7	90.3	65.3	9.97	0.50
General PRRTTP Site S.D.		9.0	75.1	45.7	6.65	0.22

† The number of beds shown in this table were operational as of the end of FY02 except where programs closed before the end of the fiscal year. Closed programs show the number of beds operational at the beginning of the fiscal year.

†† Adjustments were made to the data in this table because some sites miscoded the type of PRRTTP discharges, thus total General PRRTTP discharges are not consistent with totals presented in Tables 1-5.

††† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

†††† The following bed changes occurred during FY02: Chicago (West Side) - a 20-bed program opened and Hines - beds decreased from 30 to 25.

Table 13c. PRRP Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY02.

VISN	Site	Operational Beds FY02†	Discharges During FY02††	Mean Length of Stay†††	Total FTEE	FTEE to Operational Bed Ratio
PRRP						
1 689	West Haven, CT	12	36	93.4	3.48	0.29
2 528A	Batavia, NY	16	270	13.7	13.90	0.87
3 620	Montrose, NY	21	††††	††††	15.50	0.74
3 632	Northport, NY	12	††††	††††	5.50	0.46
4 540	Clarksburg, WV	10	8	52.6	5.50	0.55
5 512A	Perry Point, MD†††††	10	21	31.4	3.50	0.35
8 516	Bay Pines, FL	14	87	40.9	14.85	1.06
8 546	Miami, FL	16	79	59.0	6.28	0.39
11 515	Battle Creek, MI	30	377	24.9	13.70	0.46
12 556	North Chicago, IL	26	240	34.6	15.17	0.58
12 676	Tomah, WI	13	66	48.6	6.25	0.48
16 629	New Orleans, LA	10	75	34.5	4.13	0.41
17 674A	Waco, TX	20	97	60.7	16.65	0.83
21 459	Honolulu, HI †††††, †††††††	8	51	57.9	13.00	1.63
21 640	Palo Alto, CA	40	217	56.1	23.40	0.58
21 640	Palo Alto, CA	10	see above	see above	6.60	0.66
23 568A	Hot Springs, SD††††††	10	††††	††††	5.50	0.55
National PRRP Total/Avg		278	1,624	37.5	172.9	0.64
PRRP Site Average		16.4	95.5	35.8	10.2	0.64
PRRP Site S.D.		8.4	109.1	26.1	5.75	0.32

† The number of beds shown in this table were operational as of the end of FY02 except where programs closed before the end of the fiscal year. Closed programs show the number of beds operational at the beginning of the fiscal year.

†† Adjustments were made to the data in this table because some sites miscoded the type of PRRTF discharges, thus total PRRP discharges are not consistent with totals presented in Tables 1-5.

††† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

†††† No discharges were listed in Austin's PTF (Patient Treatment File) for a PRRP program in Hot Springs, Montrose or Northport.

††††† The following beds changes occurred during FY02: Perry Point - a 10 bed program opened; Honolulu - beds decreased from 16 to 8 and Hot Springs - a 10 bed program opened.

†††††† The PRRP program for Honolulu is located in Hilo. Since there is no VA hospital on the island, the program is staffed at night and on weekends with two full-time staff members resulting in a higher than expected staff to patient ratio.

Table 13d. SA CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY02.

VISN	Site	Operational Beds FY02	Discharges During FY02†	Mean Length of Stay††	Total FTEE	FTEE to Operational Bed Ratio
SA CWT/TR						
1	523 Boston, MA	20	18	248.2	3.30	0.16
1	631 Northampton, MA	16	31	164.7	1.18	0.07
4	656A5 Pittsburgh, PA	12	19	198.7	1.60	0.13
6	590 Hampton, VA	21	39	123.8	3.25	0.15
8	573 Gainesville, FL	7	24	99.4	1.01	0.14
10	541 Cleveland, OH	25	57	129.9	3.00	0.12
11	515 Battle Creek, MI	9	21	166.6	2.15	0.24
11	550 Danville, IL†, †††	6	6	143.8	0.65	0.11
12	556 North Chicago, IL	22	22	171.5	4.00	0.18
15	589 Kansas City, MO	30	27	182.3	2.50	0.08
16	598 Little Rock, AR	25	49	159.5	3.41	0.14
20	663A4 American Lake, WA	24	40	202.0	4.25	0.18
21	640 Palo Alto, CA	10	17	223.4	1.75	0.18
23	568 Fort Meade, ND	8	11	193.4	1.00	0.12
National SA CWT/TR Total/Avg		235	381	165.3	33.05	0.14
SA CWT/TR Site Average		16.8	27.2	171.9	2.36	0.14
SA CWT/TR Site S.D.		7.7	13.9	38.8	1.15	0.04

† Adjustments were made to the data in this table because some sites miscoded the type of PR RTP discharges, thus total SA CWT/TR discharges are not consistent with totals presented in Tables 1-5 (Danville's 6 discharges were coded incorrectly as SAR RTP discharges in the PTF).

†† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

††† The following beds changes occurred during FY02: Danville - a 5 bed program opened and beds increased from 5 to 6 between October 2001 and September 2002.

Table 13e. HCMC CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY02.

VISN	Site	Operational Beds FY02	Discharges During FY02	Mean Length of Stay†	Total FTEE	FTEE to Operational Bed Ratio
HCMC CWT/TR						
1	518 Bedford, MA	42	197	81.7	4.62	0.11
2	528A8 Albany, NY	11	26	138.0	1.29	0.12
3	561A4 Lyons, NJ	12	18	255.2	2.30	0.19
4	595 Lebanon, PA	20	51	192.3	0.61	0.03
7	508 Atlanta, GA	12	††	††	1.30	0.11
12	695 Milwaukee, WI	10	6	209.2	2.04	0.20
16	635 Oklahoma City, OK	20	42	141.7	3.00	0.15
17	549 Dallas, TX	20	28	174.0	2.37	0.12
21	662 San Francisco, CA	11	18	159.2	1.25	0.11
National HCMC CWT/TR Total/Avg		158	386	127.0	18.78	0.13
HCMC CWT/TR Site Average		17.6	42.9	150.1	2.09	0.13
HCMC CWT/TR Site S.D.		9.5	56.5	70.2	1.13	0.05

† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

†† No discharges were listed in Austin's PTF for Atlanta's HCMC CWT/TR program.

Table 13f. PTSD and General CWT/TR Operational Beds, Discharges, Length of Stay, Total FTEE and FTEE to Operational Bed Ratio for FY01.

VISN	Site	Operational Beds FY02	Discharges During FY02	Mean Length of Stay†	Total FTEE	FTEE to Operational Bed Ratio
PTSD CWT/TR						
1	523 Boston, MA	8	8	185.9	2.15	0.27
General CWT/TR						
12	676 Tomah, WI	10	23	155.2	1.03	0.10

† Data on length of stay was obtained from VA's PTF, using both inpatient and extended care files and was truncated to 365 days.

Table 14a. SARRTP Operational Beds, Total FTEE and FTEE by Discipline for FY02.†

VISN	Site	Operational Beds†	Total FTEE	FTEE by Discipline														
				Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant	Other	
SARRTP																		
1	523 Boston, MA	20	4.35	0.20	1.45	0.00	0.00	0.00	0.37	2.20	0.00	0.00	0.13	0.00	0.00	0.00		
1	523A5 Brockton, MA	15	3.20	0.40	0.00	0.10	0.90	0.00	0.10	0.50	1.00	0.00	0.10	0.00	0.10	0.00		
2	528A8 Albany, NY	10	7.05	0.10	0.40	0.00	2.20	0.00	3.00	0.25	0.00	0.50	0.00	0.00	0.00	0.50		
2	528 Buffalo, NY	24	10.85	0.25	1.00	0.00	0.00	3.60	2.00	1.00	1.00	1.00	0.00	0.00	0.00	1.00		
3	561 East Orange, NJ	30	11.65	0.25	0.20	0.50	0.00	4.00	3.00	2.00	0.00	0.50	0.00	0.20	0.00	1.00		
3	632 Northport, NY	30	3.70	0.10	0.50	0.00	0.00	0.00	0.00	0.50	0.00	1.00	0.00	0.00	0.60	0.00		
4	540 Clarksburg, WV	12	6.10	0.30	0.00	0.90	0.25	2.00	1.00	0.90	0.00	0.00	0.00	0.00	0.00	0.50		
4	595 Lebanon, PA	26	16.25	0.00	1.00	0.75	1.00	0.00	0.00	2.00	10.00	0.25	0.00	0.00	0.00	1.00		
4	693 Wilkes Barre, PA	10	2.67	0.02	0.25	0.25	0.10	0.50	0.00	0.10	0.00	0.10	0.00	0.50	0.20	0.05		
5	512A5 Perry Point, MD	62	16.10	0.50	0.50	1.00	3.00	1.00	2.25	1.00	5.00	0.75	0.00	0.00	0.10	0.00		
6	637 Asheville, NC	18	8.76	0.35	0.50	1.00	1.30	0.00	2.00	0.30	2.00	0.50	0.00	0.49	0.02	0.30		
6	658 Salem, VA	16	10.50	0.80	0.80	0.20	0.00	0.00	0.00	1.00	4.00	0.00	2.00	0.50	0.20	1.00		
6	659 Salisbury, NC	30	16.80	0.50	0.50	1.00	1.00	1.00	6.00	0.50	2.00	1.00	0.00	0.50	0.80	1.00		
8	516 Bay Pines, FL	20	8.15	0.10	1.00	0.40	2.25	1.90	0.00	0.00	0.00	0.30	1.00	0.40	0.00	0.80		
8	546 Miami, FL	24	3.75	1.00	0.50	0.00	1.00	0.00	0.00	0.50	0.00	0.00	0.00	0.50	0.00	0.00		
8	573 Gainesville, FL	20	6.62	0.20	0.30	0.00	0.60	0.00	0.20	0.40	4.00	0.20	0.20	0.20	0.00	0.00		
9	614 Memphis, TN	19	10.40	0.90	0.00	1.00	2.00	0.50	3.00	0.75	0.00	0.00	0.00	0.00	0.50	0.75		
10	539 Cincinnati, OH	17	15.10	0.80	0.80	0.00	1.50	0.50	5.00	2.00	1.50	0.50	0.00	1.00	0.00	1.00		
11	515 Battle Creek, MI	50	28.31	0.00	2.00	1.00	6.00	1.00	1.00	3.00	11.00	1.00	0.00	1.00	0.01	0.00		
11	515 Battle Creek, MI	26	7.50	0.00	0.00	0.00	0.00	3.25	0.00	1.50	0.00	0.25	0.00	0.25	1.25	1.00		
12	537 Chicago, IL	20	7.85	0.50	0.00	0.00	0.10	4.00	0.00	0.50	0.00	1.00	0.00	0.50	0.25	1.00		
12	578 Hines, IL††	25	13.78	0.20	0.00	0.20	0.75	7.25	0.75	1.75	0.00	0.20	0.88	0.30	0.50	1.00		
12	578 Hines, IL††	25	11.25	0.50	0.75	0.00	2.50	4.00	0.50	1.50	0.00	0.00	0.00	0.25	0.25	1.00		
12	585 Iron Mountain, MI	12	2.63	0.05	0.00	0.00	0.18	0.00	0.00	0.70	0.00	0.60	0.00	0.00	0.00	0.50		
12	607 Madison, WI	12	5.25	0.00	0.25	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	0.00	0.00		
12	676 Tomah, WI	22	9.40	0.25	0.75	0.30	1.75	1.80	2.00	0.90	0.00	0.50	0.00	0.05	0.00	1.00		
16	586 Jackson, MS	15	9.58	0.43	0.50	0.00	1.70	1.25	3.60	0.00	0.00	0.75	0.00	0.00	0.00	0.20		
17	549 Dallas, TX	36	5.00	0.00	0.00	0.00	1.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00		
18	678 Tucson, AZ	16	11.10	1.00	0.00	0.00	2.00	0.00	6.00	0.50	0.00	0.50	0.00	0.10	0.00	1.00		
19	660 Salt Lake City, UT	15	14.50	0.00	1.00	0.50	0.50	0.00	6.00	1.00	3.50	1.00	0.00	0.00	0.00	1.00		
20	531 Boise, ID	11	6.70	0.10	0.40	0.00	1.50	0.00	0.50	1.50	1.00	1.00	0.00	0.50	0.00	0.20		
20	653 Roseburg HCS	20	13.66	0.25	0.00	0.00	3.00	3.00	1.00	0.50	3.00	0.50	0.00	0.50	0.25	0.66		
20	687 Walla Walla, WA	21	10.65	0.10	0.00	0.60	5.00	0.20	3.00	0.00	0.00	0.60	0.00	0.40	0.00	0.25		
23	568 Ft. Meade, ND	12	4.75	0.10	0.30	0.30	0.80	0.80	1.75	0.20	0.00	0.30	0.00	0.10	0.00	0.10		
23	636A4 Grand Island, NE	18	6.55	0.10	0.20	0.00	0.80	0.00	2.00	0.00	1.00	0.25	0.00	0.20	1.00	1.00		
National SARRTP Total		759	330.46	10.35	15.85	10.00	44.68	44.55	55.65	27.62	56.20	15.05	4.08	8.67	5.93	19.91		
SARRTP Average		21.7	9.44	0.30	0.45	0.29	1.28	1.27	1.59	0.79	1.61	0.43	0.12	0.25	0.17	0.57		
SARRTP SD		10.6	5.19	0.29	0.46	0.37	1.37	1.71	1.86	0.72	2.64	0.36	0.39	0.27	0.31	0.42		

† The number of beds shown in this table were operational as of the end of FY02 except where programs closed before the end of the fiscal year. Closed programs show the number of beds operational at the beginning of the fiscal year.

†† The SARRTP programs at Hines closed during FY02. Data shown represents program activity during the operational portion of the year.

Table 14b. General PR RTP Operational Beds, Total FTEE and FTEE by Discipline for FY02

VISN	Site	Operational Beds FY02†	Total FTEE	FTEE by Discipline													
				Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant	Other
PRRTP (general)																	
2	528A5 Canandaigua, NY	30	17.50	0.50	0.50	0.50	1.50	9.00	1.50	0.50	0.50	0.50	0.00	0.50	1.00	0.50	0.50
3	561A4 Lyons, NJ	34	23.30	0.60	0.20	0.00	7.00	13.00	0.00	1.00	0.00	0.00	0.00	0.50	0.00	1.00	0.00
4	595 Lebanon, PA	17	0.61	0.00	0.00	0.05	0.00	0.00	0.00	0.50	0.00	0.03	0.00	0.00	0.00	0.03	0.00
4	646A5 Pittsburgh, PA	24	15.00	0.25	0.25	0.00	2.00	10.00	0.25	0.50	0.00	0.50	0.00	0.25	0.00	1.00	0.00
5	512A5 Perry Point, MD	32	15.50	1.00	0.00	0.00	5.00	8.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00
8	546 Miami, FL	18	5.35	1.00	0.50	0.00	1.00	0.00	2.00	0.25	0.00	0.00	0.00	0.25	0.10	0.00	0.25
8	573A4 Lake City, FL	10	7.50	0.25	0.25	0.00	1.00	0.00	0.00	1.00	4.00	0.50	0.00	0.20	0.10	0.10	0.10
10	541 Cleveland, OH	26	18.80	0.50	0.25	0.75	9.00	6.00	0.00	0.60	0.00	0.25	0.00	0.10	0.00	1.35	0.00
11	583 Indianapolis, IN	20	9.10	0.25	0.00	0.00	1.00	7.00	0.25	0.25	0.00	0.25	0.00	0.00	0.00	0.10	0.00
12	537 Chicago (West Side)	20	16.15	1.00	0.60	0.00	4.00	7.00	0.00	1.00	0.00	1.00	0.00	0.50	0.05	1.00	0.00
12	578 Hines, IL	25	18.15	0.20	0.60	0.00	5.00	7.00	0.75	1.50	0.00	0.80	1.00	0.30	0.00	1.00	0.00
15	589A6 Leavenworth, KS	25	7.80	0.10	0.25	0.10	1.00	5.00	0.00	0.25	0.50	0.10	0.00	0.10	0.10	0.20	0.10
18	501 Albuquerque, NM	12	4.81	0.01	0.30	0.00	1.00	0.00	0.00	1.00	2.00	0.00	0.00	0.00	0.50	0.00	0.00
18	501 Albuquerque, NM	10	7.00	0.00	0.00	0.00	0.00	0.00	2.00	1.00	0.00	1.00	0.00	0.00	0.00	1.00	2.00
19	666 Sheridan, WY	27	12.20	0.40	1.25	0.20	0.50	0.00	2.00	3.00	2.00	0.75	0.00	0.25	0.00	0.75	1.10
20	463 Anchorage, AK	24	2.40	0.00	0.00	0.00	0.20	0.00	1.00	1.00	0.00	0.20	0.00	0.00	0.00	0.00	0.00
20	663A4 American Lake, WA	6	1.35	0.05	0.05	0.05	0.25	0.75	0.00	0.05	0.00	0.00	0.00	0.10	0.00	0.05	0.00
20	687 Walla Walla, WA	6	4.05	0.10	0.00	0.00	0.80	0.80	0.60	0.10	0.00	0.25	0.00	0.20	0.00	0.20	1.00
21	640 Palo Alto, CA	2	1.05	0.10	0.00	0.00	0.25	0.25	0.00	0.25	0.00	0.10	0.00	0.00	0.00	0.10	0.00
23	656 St. Cloud, MN	25	11.75	0.15	0.75	0.00	4.00	5.00	0.00	0.50	0.00	0.50	0.00	0.20	0.15	0.50	0.00
Nat'l Gen PRRTP Total		393	199.37	6.46	5.75	1.65	44.50	78.80	10.35	15.25	9.00	6.73	1.00	3.45	2.00	9.38	5.05
General PRRTP Average		19.7	9.97	0.32	0.29	0.08	2.22	3.94	0.52	0.76	0.45	0.34	n.a.	0.17	0.10	0.47	0.25
General PRRTP SD		9.0	6.65	0.33	0.32	0.19	2.50	4.11	0.74	0.64	1.01	0.33	n.a.	0.17	0.24	0.44	0.51

† The number of beds shown in this table were operational as of the end of FY02 except where programs closed before the end of the fiscal year. Closed programs show the number of beds operational at the beginning of the fiscal year.

Table 14c. PRRP Operational Beds, Total FTEE and FTEE by Discipline for FY02

VISN	Site	Number of Operational Beds FY02†	FTEE by Discipline														
			Total FTEE	Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant	Other
PRRP																	
1	689 West Haven, CT	12	3.48	0.05	0.00	0.00	0.05	0.00	0.00	0.63	2.00	0.00	0.00	0.15	0.00	0.50	0.10
2	528A4 Batavia, NY	16	13.90	0.60	1.00	0.00	1.00	5.10	2.00	2.00	0.00	1.00	0.00	0.00	0.00	1.00	0.20
3	620 Montrose, NY	21	15.50	0.50	1.00	0.00	1.00	1.00	0.00	5.00	5.00	0.00	0.00	0.00	1.00	1.00	0.00
3	632 Northport, NY	12	5.50	1.00	1.00	0.00	1.80	0.00	0.00	0.50	0.00	0.00	0.00	0.20	0.00	1.00	0.00
4	540 Clarksburg, WV	10	5.50	0.25	1.00	0.10	0.10	1.50	0.00	1.00	0.00	0.00	0.80	0.10	0.00	0.25	0.40
5	512A5 Perry Point, MD	10	3.50	0.50	2.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8	516 Bay Pines, FL	14	14.85	2.00	1.00	0.10	6.00	0.00	0.00	1.00	0.00	1.00	1.00	0.25	0.00	2.50	0.00
8	546 Miami, FL	16	6.28	0.63	0.88	0.00	2.00	0.00	0.00	0.88	0.00	0.13	0.00	0.25	0.00	0.88	0.63
11	515 Battle Creek, MI	30	13.70	0.50	1.50	1.00	4.00	5.00	0.00	0.50	0.00	0.10	0.00	0.05	0.00	1.00	0.05
12	556 North Chicago, IL	26	15.17	0.90	2.85	0.00	1.62	0.00	0.00	1.00	6.75	0.50	0.00	0.25	0.00	1.30	0.00
12	676 Tomah, WI	13	6.25	0.25	0.80	0.20	0.25	1.80	0.90	0.90	0.00	0.50	0.00	0.05	0.00	0.50	0.10
16	629 New Orleans, LA	10	4.13	0.15	0.25	0.00	1.20	0.00	0.00	0.73	0.00	1.00	0.50	0.10	0.00	0.20	0.00
17	674A4 Waco, TX	20	16.65	1.00	0.60	0.00	2.00	0.00	0.00	1.50	10.20	0.05	0.10	0.20	0.00	1.00	0.00
21	459 Honolulu, HI ††	8	13.00	1.00	0.00	0.00	1.00	5.50	0.00	0.50	0.00	0.00	3.00	0.00	0.00	2.00	0.00
21	640 Palo Alto, CA	40	23.40	0.50	1.00	0.00	9.50	8.00	0.00	1.75	0.85	0.00	0.00	0.95	0.00	0.85	0.00
21	640 Palo Alto, CA	10	6.60	0.50	0.00	0.00	1.50	3.00	0.00	1.25	0.00	0.15	0.00	0.05	0.00	0.15	0.00
23	568A4 Hot Springs, SD	10	5.50	0.25	0.75	0.00	1.00	0.00	2.00	1.00	0.00	0.25	0.00	0.15	0.00	0.10	0.00
National PRRP Total		278	172.91	10.58	15.63	1.40	35.02	30.90	4.90	20.14	24.80	4.68	5.40	2.75	1.00	14.23	1.48
PRRP Average		16.4	10.17	0.62	0.92	0.08	2.06	1.82	0.29	1.18	1.46	0.28	0.32	0.16	0.06	0.84	0.09
PRRP SD		8.4	5.75	0.45	0.70	0.24	2.34	2.48	0.66	1.06	2.90	0.37	0.74	0.22	0.24	0.65	0.17

† The number of beds shown in this table were operational as of the end of FY02 except where programs closed before the end of the fiscal year. Closed programs show the number of beds operational at the beginning of the fiscal year.

†† The PRRP program for Honolulu is located in Hilo.

Table 14d. SA CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY02.

VISN	Site	Number of Operational Beds FY02	Total FTEE	FTEE by Discipline													
				Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addition Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant	Other
SA CWT/TR																	
1	523 Boston, MA	20	3.30	0.00	0.40	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.50	0.00	0.40
1	631 Northampton, MA	16	1.18	0.01	0.00	0.10	0.00	0.00	0.01	0.00	0.00	1.00	0.00	0.00	0.01	0.00	0.05
4	656A5 Pittsburgh, PA	12	1.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.40	0.00	0.00	0.00	0.20	0.00
6	590 Hampton, VA	21	3.25	0.05	0.00	0.00	0.00	0.00	1.00	0.00	1.00	0.00	1.00	0.00	0.20	0.00	0.00
8	573 Gainesville, FL	7	1.01	0.01	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	541 Cleveland, OH	25	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	1.00	0.00	0.00	0.00	0.00
11	515 Battle Creek, MI	9	2.15	0.00	0.00	0.20	0.00	0.00	0.00	0.50	0.50	0.25	0.00	0.00	0.50	0.20	0.00
11	550 Danville, IL	6	0.65	0.05	0.00	0.00	0.00	0.00	0.05	0.25	0.00	0.10	0.00	0.00	0.10	0.05	0.05
12	556 North Chicago, IL	22	4.00	0.00	0.50	0.00	0.00	1.00	0.00	0.00	1.00	0.50	0.00	0.00	0.00	1.00	0.00
15	589 Kansas City, MO	30	2.50	0.00	0.00	0.10	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.40	0.00	0.00
16	598 Little Rock, AR	25	3.41	0.00	0.00	0.00	0.40	0.00	0.00	0.00	0.00	1.00	0.00	0.00	2.00	0.00	0.01
20	663A4 Am. Lake, WA	24	4.25	0.00	0.00	0.25	0.00	0.00	0.00	0.00	2.00	0.75	0.00	0.00	1.25	0.00	0.00
21	640 Palo Alto, CA	10	1.75	0.00	0.75	0.00	0.00	0.00	0.25	0.00	0.00	0.50	0.00	0.00	0.25	0.00	0.00
23	568 Fort Meade, ND	8	1.00	0.00	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.15	0.00	0.00	0.50	0.00	0.15
National SA CWT/TR Total		235	33.05	0.12	1.85	0.65	0.40	1.00	2.31	1.75	9.50	4.65	2.00	0.00	6.71	1.45	0.66
SA CWT/TR Average		16.8	2.36	0.01	0.13	0.05	0.03	n.a.	0.16	0.13	0.68	0.33	0.14	n.a.	0.48	0.10	0.05
SA CWT/TR SD		7.7	1.15	0.02	0.23	0.08	0.10	n.a.	0.35	0.28	0.79	0.36	0.35	n.a.	0.61	0.26	0.11

Table 14e. HCMI CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY02.

VISN	Site	Number of Operational Beds FY02	Total FTEE	FTEE by Discipline													
				Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant	Other
HCMI CWT/TR																	
1	518 Bedford, MA	42	4.62	0.11	0.20	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	3.00	0.08	0.23
2	528A8 Albany, NY	11	1.29	0.03	0.00	0.00	0.06	0.00	0.00	0.21	0.00	0.60	0.00	0.00	0.21	0.15	0.03
3	561A4 Lyons, NJ	12	2.30	0.00	0.00	0.00	0.80	0.00	0.50	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00
4	595 Lebanon, PA	20	0.61	0.00	0.00	0.05	0.00	0.00	0.00	0.50	0.00	0.03	0.00	0.00	0.00	0.03	0.00
7	508 Atlanta, GA	12	1.30	0.05	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.15	0.00	0.00	0.00	0.00	0.10
12	695 Milwaukee, WI	10	2.04	0.00	0.20	0.00	0.00	0.00	0.02	0.00	0.00	1.00	0.00	0.02	0.00	0.50	0.30
16	635 Oklahoma City, OK	20	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.75	1.00	0.00	0.75	0.50	0.00
17	549 Dallas, TX	20	2.37	0.05	0.00	0.00	0.00	0.00	0.00	0.75	0.00	0.25	0.00	0.00	0.00	1.00	0.32
21	662 San Francisco, CA	11	1.25	0.05	0.00	0.00	0.00	0.00	0.00	0.75	0.00	0.25	0.00	0.00	0.05	0.15	0.00
National HCMI CWT/TR Total		158	18.78	0.29	0.40	0.05	0.86	0.00	0.52	3.21	1.00	4.03	1.00	0.02	4.01	2.41	0.98
HCMI CWT/TR Average		18	2.09	0.03	0.04	0.01	0.10	n.a.	0.06	0.36	0.11	0.45	0.11	0.00	0.45	0.27	0.11
HCMI CWT/TR SD		9.5	1.13	0.04	0.08	0.02	0.25	n.a.	0.16	0.38	0.31	0.38	0.31	0.01	0.93	0.32	0.13

Table 14f. PTSD and General CWT/TR Operational Beds, Total FTEE and FTEE by Discipline for FY02.

VISN	Site	Number of Operational Beds FY02	Total FTEE	FTEE by Discipline												
				Physician/ Psychiatrist	Psycho- logist	Physician Assistant	Nurse Specialist, Nurse Pract., RN's	LPN, LVN, Nurse's Aide	Addiction Therapist, Counselor (non-MSW)	Social Worker	Psych/Social Work/Rehab/ Health Techs and/or Aides	Coordinator, Administrator, Director	Health/ Social Science Specialist	Recreat- ional Therapist	Vocational Rehab Specialist	Secretary, Adminis- trative Assistant
PTSD CWT/TR																
1	523 Boston, MA	8	2.15	0.00	0.35	0.00	0.00	0.00	0.80	0.00	1.00	0.00	0.00	0.00	0.00	0.00
General CWT/TR																
12	676 Tomah, WI	10	1.03	0.00	0.00	0.00	0.00	0.01	0.00	0.50	0.00	0.25	0.01	0.00	0.25	0.01
National PTSD CWT/TR Total																
National General CWT/TR Total																

Table 15a. Top Three Most Frequently Seen Diagnostic Groups in SARRTP's for FY02.†

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
SARRTP								
1	523 Boston, MA	1		2		3		
1	523A5 Brockton, MA	1		2	3			
2	528A8 Albany, NY	1		2		3		
2	528 Buffalo, NY	1				2	3	
3	561 East Orange, NJ	1					2	3
3	632 Northport, NY	1		2			3	
4	540 Clarksburg, WV	1		3			2	
4	595 Lebanon, PA	1		2		3		
4	693 Wilkes Barre, PA	1		3			2	
5	512A5 Perry Point, MD	1		2	3			
6	637 Asheville, NC	1		2			3	
6	658 Salem, VA	1			2		3	
6	659 Salisbury, NC	1		2			3	
8	516 Bay Pines, FL	1		2		3		
8	546 Miami, FL	2		1	3			
8	573 Gainesville, FL	1		2			3	
9	614 Memphis, TN	1		3			2	
10	539 Cincinnati, OH	1		2			3	
11	515 Battle Creek, MI	1		2		3		
11	515 Battle Creek, MI	1		2		3		
12	537 Chicago, IL	1		2			3	
12	578 Hines, IL	3		1		2		
12	578 Hines, IL	1		2		3		
12	585 Iron Mountain, MI	1		2		3		
12	607 Madison, WI	1		2			3	
12	676 Tomah, WI	1		2		3		
16	586 Jackson, MS	1		2			3	
17	549 Dallas, TX	1		2		3		
18	678 Tucson, AZ	1		2		3		
19	660 Salt Lake City, UT	1		2			3	
20	531 Boise, ID	1		2			3	
20	653 Roseburg HCS	1			3	2		
20	687 Walla Walla, WA	1		2		3		
23	568 Ft. Meade, ND	2		1			3	
23	636A4 Grand Island, NE	1		2		3		

† A "1" designates the group receiving the most emphasis.

Table 15b. Top Three Most Frequently Seen Diagnostic Groups in General PRRTTP's for FY02.†

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
2	528A5 Canandaigua, NY	2		1	3			
3	561A4 Lyons, NJ		1	2	3			
4	595 Lebanon, PA	1		2		3		
4	646A5 Pittsburgh, PA		3	2	1			
5	512A5 Perry Point, MD	2			1	3		
8	546 Miami, FL	3	2	1				
8	573A4 Lake City, FL			1				
10	541 Cleveland, OH	3	2	1				
11	583 Indianapolis, IN		1	2	3			
12	537 Chicago (West Side), IL		2	1		3		
12	578 Hines, IL		2	1	3			
15	589A6 Leavenworth, KS	3	1	2				
18	501 Albuquerque, NM	2		1	3			
18	501 Albuquerque, NM	1		2		3		
19	666 Sheridan, WY	1	2			3		
20	463 Anchorage, AK	1		2		3		
20	663A4 American Lake, WA		2	1				
20	687 Walla Walla, WA		1	2	3			
21	640 Palo Alto, CA							1
23	656 St. Cloud, MN		3	1		2		

† A "1" designates the group receiving the most emphasis.

Table 15c. Top Three Most Frequently Seen Diagnostic Groups in PRRP's for FY02.†

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
PRRP								
1 689	West Haven, CT	3		2		1		
2 528A4	Batavia, NY	2		3		1		
3 620	Montrose, NY	2				1	3	
3 632	Northport, NY	2			3	1		
4 540	Clarksburg, WV	3				1	2	
5 512A5	Perry Point, MD	2			3	1		
8 516	Bay Pines, FL	3		2		1		
8 546	Miami, FL	3				1	2	
11 515	Battle Creek, MI	2		3		1		
12 556	North Chicago, IL	2				1	3	
12 676	Tomah, WI	2		3		1		
16 629	New Orleans, LA	3	2			1		
17 674A4	Waco, TX	3				1	2	
21 459	Honolulu, HI †	2		3		1		
21 640	Palo Alto, CA	3		2		1		
21 640	Palo Alto, CA				3	1		2
23 568A4	Hot Springs, SD	2		3		1		

† A "1" designates the group receiving the most emphasis.

Table 15d. Top Three Most Frequently Seen Diagnostic Groups in SA CWT/TR's for FY02.†

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
SA CWT/TR								
1 523	Boston, MA	1		2		3		
1 631	Northampton, MA	1		2		3		
4 656A5	Pittsburgh, PA	1		2			3	
6 590	Hampton, VA	1		2	3			
8 573	Gainesville, FL	1		2	3			
10 541	Cleveland, OH	1		2	3			
11 515	Battle Creek, MI	1		3		2		
11 550	Danville, IL	1		2	3			
12 556	North Chicago, IL	1						
15 589	Kansas City, MO	1		2			3	
16 598	Little Rock, AR	1				3		2
20 663A4	American Lake, WA	1		2			3	
21 640PA	Palo Alto, CA	1		2	3			
23 568	Fort Meade, ND	2		1		3		

† A "1" designates the group receiving the most emphasis.

Table 15e. Top Three Most Frequently Seen Diagnostic Groups in HCMI CWT/TRs for FY02.†

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
HCMI CWT/TR								
1 518	Bedford, MA	1		2	3			
2 528A8	Albany, NY	1		2			3	
3 561A4	Lyons, NJ	1			2		3	
4 595	Lebanon, PA	1		2	3			
7 508	Atlanta, GA	1				2		3
12 695	Milwaukee, WI	1		2		3		
16 635	Oklahoma City, OK	1		2	3			
17 549	Dallas, TX	1	3	2				
21 662	San Francisco, CA	2	3	1				

† A "1" designates the group receiving the most emphasis.

Table 15f. Top Three Most Frequently Seen Diagnostic Groups in PTSD an General CWT/TRs for FY02.†

VISN	SITE	Substance Abuse Disorder	Severe Mental Illness (not specific)	Dual Diagnosis	All Psychiatric Conditions	PTSD	Medical Co-morbidities	Other
PTSD CWT/TR								
1 523	Boston, MA	3			1	2		
General CWT/TR								
12 676	Tomah, WI	2		1		3		

† A "1" designates the group receiving the most emphasis.

Table 16a. Top Three Most Frequently Seen Special Patient Populations in SARRTP's for FY02.†

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
SARRTP						
1 523	Boston, MA	1			2	
1 523A5	Brockton, MA	1	3			2
2 528A8	Albany, NY	1		3	2	
2 528	Buffalo, NY	1	3			2
3 561	East Orange, NJ	1			2	
3 632	Northport, NY	1	2		3	
4 540	Clarksburg, WV	1	3	2		
4 595	Lebanon, PA	1	3		2	
4 693	Wilkes Barre, PA	1	3	2		
5 512A5	Perry Point, MD	1	3		2	
6 637	Asheville, NC	1	3	2		
6 658	Salem, VA	1	3	2		
6 659	Salisbury, NC	1				
8 516	Bay Pines, FL	1		2	3	
8 546	Miami, FL	1	3	2	3	
8 573	Gainesville, FL	1			2	
9 614	Memphis, TN	1	3	2		
10 539	Cincinnati, OH	1				
11 515	Battle Creek, MI	1	2	3		
11 515	Battle Creek, MI	1	3			2
12 537	Chicago, IL	1		2	3	
12 578	Hines, IL	1		2	3	
12 578	Hines, IL	1		2	3	
12 585	Iron Mountain, MI	1				
12 607	Madison, WI	1		2	3	
12 676	Tomah, WI	1	3			2
16 586	Jackson, MS	1	3	2		
17 549	Dallas, TX	1	3	2		
18 678	Tucson, AZ	1		2	3	
19 660	Salt Lake City, UT	1				2
20 531	Boise, ID	1	3	2		
20 653	Roseburg HCS	2	3			
20 687	Walla Walla, WA	1		3		2
23 568	Ft. Meade, ND	1	2	3		
23 636A4	Grand Island, NE	1	3	2		

† A "1" designates the group receiving the most emphasis.

Table 16b. Top Three Most Frequently Seen Special Patient Populations in General PR RTP's for FY02.†

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
General PR RTP						
2	528A5 Canandaigua, NY	1				
3	561A4 Lyons, NJ	1	2	3		
4	595 Lebanon, PA	1				
4	646A5 Pittsburgh, PA	1	2	3		
5	512A5 Perry Point, MD	1		3	2	
8	546 Miami, FL	1	3	2		
8	573A4 Lake City, FL	1	3	2		
10	541 Cleveland, OH	1	2	3		
11	583 Indianapolis, IN	1				
12	537 Chicago (West Side), IL	1	2		3	
12	578 Hines, IL	1	3	2		
15	589A6 Leavenworth, KS	1	3	2		
18	501 Albuquerque, NM	1				
18	501 Albuquerque, NM	1	3	2		
19	666 Sheridan, WY	1	3			2
20	463 Anchorage, AK	1	2	3		
20	663A4 American Lake, WA	1				
20	687 Walla Walla, WA	1	2	3		
21	640 Palo Alto, CA					
23	656 St. Cloud, MN	1				

† A "1" designates the group receiving the most emphasis.

Table 16c. Top Three Most Frequently Seen Special Patient Populations in PRRP's for FY02.†

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
PRRP						
1 689	West Haven, CT	1			3	2
2 528A4	Batavia, NY	3			2	
3 620	Montrose, NY	1		3	2	
3 632	Northport, NY	1			3	2
4 540	Clarksburg, WV			1		
5 512A5	Perry Point, MD	1			2	
8 516	Bay Pines, FL	1	2		3	
8 546	Miami, FL	2	3		1	
11 515	Battle Creek, MI	1		2		
12 556	North Chicago, IL	1				2
12 676	Tomah, WI	1		3		2
16 629	New Orleans, LA	1		2		
17 674A4	Waco, TX	2		3		1
21 459	Honolulu, HI †	1		2		
21 640	Palo Alto, CA	2				1
21 640	Palo Alto, CA		1			2
23 568A4	Hot Springs, SD	2				1

† A "1" designates the group receiving the most emphasis.

Table 16d. Top Three Most Frequently Seen Special Patient Populations in SA CWT/TR's for FY02.†

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
SA CWT/TR						
1 523	Boston, MA	1		3	2	
1 631	Northampton, MA	1	2		3	
4 656A5	Pittsburgh, PA	1				
6 590	Hampton, VA	1	2			3
8 573	Gainesville, FL	1			2	
10 541	Cleveland, OH	1	2			
11 515	Battle Creek, MI	1			3	2
11 550	Danville, IL	1				2
12 556	North Chicago, IL	2				1
15 589	Kansas City, MO	1	3	2		
16 598	Little Rock, AR	1	2			
20 663A4	American Lake, WA	1	2			
21 640	Palo Alto, CA	1	3		2	
23 568	Fort Meade, ND	1				2

† A "1" designates the group receiving the most.

Table 16e. Top Three Most Frequently Seen Special Patient Populations in HCMI CWT/TR's for FY02.†

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
HCMI CWT/TR						
1 518	Bedford, MA	1	3			
2 528A8	Albany, NY	1		3		2
3 561A4	Lyons, NJ	1			2	
4 595	Lebanon, PA	1				
7 508	Atlanta, GA	1	2			
12 695	Milwaukee, WI	1				
16 635	Oklahoma City, OK	1	3		2	
17 549	Dallas, TX	1	2	3		
21 662	San Francisco, CA	1	3	2		

† A "1" designates the group receiving the most emphasis.

Table 16f. Top Three Most Frequently Seen Special Patient Populations in PTSD and General CWT/TR's for FY02.†

VISN	SITE	Homeless	Women	Elderly	AIDS/HIV	Other (specify)
PTSD CWT/TR						
1 523	Boston, MA	2	1			
General CWT/TR						
12 676	Tomah, WI	1	2	3		

† A "1" designates the group receiving the most emphasis.

Table 17a. Ratings of the Importance of Services Provided Directly by SARRTP Staff for FY02

Scale: 0-4	Service not Provided 0	Service Somewhat Important 1	Service Moderately Important 2	Service Quite Important 3	Service of Primary Importance 4
-----------------------	---	---	---	--	--

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox- ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Manage- ment	Occupational/ Recreational Therapy	Self-help Groups	Discharge Planning
SARRTP																	
1	523 Boston, MA	3	4	0	0	4	2	4	1	1	0	1	0	0	2	3	3
1	523A5 Brockton, MA	4	4	3	0	4	2	4	2	1	0	2	2	0	2	3	4
2	528A8 Albany, NY	4	4	3	3	4	4	4	3	2	2	3	3	0	2	3	4
2	528 Buffalo, NY	4	2	3	0	4	2	4	0	1	3	2	2	2	2	4	3
3	561 East Orange, NJ	2	4	2	0	4	1	4	1	0	0	1	1	0	3	3	1
3	632 Northport, NY	4	4	2	0	4	3	4	3	1	4	2	2	3	1	4	4
4	540 Clarksburg, WV	4	4	2	4	4	1	4	3	1	0	1	1	0	3	4	4
4	595 Lebanon, PA	4	4	1	0	4	4	4	2	1	0	3	1	0	2	4	4
4	693 Wilkes Barre, PA	4	4	2	4	4	3	4	4	3	4	4	4	3	4	4	4
5	512A5 Perry Point, MD	4	4	3	0	4	4	4	3	2	2	4	4	2	3	4	4
6	637 Asheville, NC	4	4	0	0	4	4	4	4	3	0	0	0	3	3	4	4
6	658 Salem, VA	4	4	4	3	4	4	4	4	3	3	4	4	4	4	4	4
6	659 Salisbury, NC	3	4	0	0	4	1	4	1	3	1		0	0	2	3	4
8	516 Bay Pines, FL	4	4	3	0	4	2	4	2	3	3	4	1	0	3	3	3
8	546 Miami, FL	3	4	3	1	4	3	4	4	3	3	4	4	3	4	4	4
8	573 Gainesville, FL	3	4	1	2	3	2	3	3	1	3	4	4	2	3	4	4
9	614 Memphis, TN	4	4	2	2	4	2	4	4	2	3	3	4	2	2	4	4
10	539 Cincinnati, OH	4	4	3	0	4	2	4	3	2	1	2	3	3	3	4	4
11	515 Battle Creek, MI	4	4	2	0	4	3	4	4	1	4	3	1	0	4	4	4
11	515 Battle Creek, MI	3	4	3	0	4	3	4	4	2	4	4	4	4	4	4	4
12	537 Chicago, IL	4	4	3	0	4	3	4	3	2	1	2	2	2	2	3	4
12	578 Hines, IL	4	4	3	0	4	3	4	4	3	1	3	1	1	3	4	3
12	578 Hines, IL	4	4	3	0	4	2	4	2	3	3	3	3	3	3	4	4
12	585 Iron Mountain, MI	4	3	1	0	4	3	4	4	2	2	4	4	3	4	4	4
12	607 Madison, WI	4	4	n.a.	0	4	2	4	4	2	3	4	3	3	2	4	4
12	676 Tomah, WI	4	4	2	0	4	3	4	4	1	0	2	2	0	2	3	4
16	586 Jackson, MS	4	4	3	3	4	3	3	3	1	0	4	1	1	1	3	4
17	549 Dallas, TX	4	4	3	2	4	2	4	4	0	0	3	3	2	4	4	4
18	678 Tucson, AZ	4	4	3	4	4	3	4	4	2	3	2	2	2	3	4	4
19	660 Salt Lake City, UT	4	3	2	0	4	4	4	2	1	0	3	3	0	2	0	3
20	531 Boise, ID	4	4	2	0	4	3	4	4	2	0	2	1	1	4	4	4
20	653 Roseburg HCS	3	4	0	0	4	2	4	2	1	1	4	4	2	2	4	4
20	687 Walla Walla, WA	3	4	1	0	4	1	3	3	2	1	2	2	1	3	4	4
23	568 Ft. Meade, ND	3	4	2	0	4	2	3	3	2	0	2	2	1	2	3	4
23	636A4 Grand Island, NE	4	3	2	0	4	4	4	3	2	1	2	1	1	2	4	4
Program Avg		3.71	3.86	2.12	0.80	3.97	2.63	3.89	2.97	1.77	1.60	2.74	2.26	1.54	2.71	3.60	3.77
Program S.D.		0.51	0.42	1.07	1.38	0.17	0.93	0.32	1.08	0.86	1.46	1.09	1.32	1.29	0.88	0.76	0.59

Table 17b. Ratings of the Importance of Services Provided Directly by General PR RTP Staff for FY02

Scale:	Service	Service	Service	Service	Service of
0-4	Not	Somewhat	Moderately	Quite	Primary
	Provided	Important	Important	Important	Importance
	0	1	2	3	4

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detoxification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Management	Occupational/Recreational Therapy	Self-help Groups	Discharge Planning
General PR RTP																	
2	528A5 Canandaigua, NY	4	3	n.a.	0	4	3	3	3	1	3	2	1	1	2	3	3
3	561A4 Lyons, NJ	3	4	2	0	4	1	4	4	1	1	2	2	2	2	4	4
4	595 Lebanon, PA	3	4	3	0	4	3	3	4	3	4	4	3	4	3	4	4
4	646A5 Pittsburgh, PA	2	4	1	0	3	2	3	3	2	3	3	3	3	3	3	3
5	512A5 Perry Point, MD	4	2	4	0	3	2	3	3	2	3	4	4	3	2	2	4
8	546 Miami, FL	4	4	2	0	3	1	4	4	1	3	4	4	3	4	2	4
8	573A4 Lake City, FL	1	4	1	0	4	3	3	3	1	2	2	2	2	3	3	4
10	541 Cleveland, OH	3	4	2	1	3	3	4	4	1	1	3	3	2	3	3	4
11	583 Indianapolis, IN	4	3	3	1	2	3	4	4	2	3	3	2	2	2	1	3
12	537 Chicago (West Side)	4	4	3	1	3	4	4	4	1	2	4	4	4	4	4	4
12	578 Hines, IL	4	4	3	0	3	4	4	4	3	1	3	3	2	3	4	3
15	589A6 Leavenworth, KS	4	3	3	0	3	3	3	4	0	3	4	4	3	4	3	4
18	501 Albuquerque, NM	4	3	1	0	3	2	3	2	1	4	2	2	2	3	3	4
18	501 Albuquerque, NM	4	3	2	0	4	3	4	2	1	1	2	2	2	0	4	4
19	666 Sheridan, WY	4	4	3	0	4	3	4	3	1	4	4	2	2	4	2	4
20	463 Anchorage, AK	3	4	0	0	3	2	3	3	1	4	3	3	3	2	3	3
20	663A4 American Lake, WA	0	3	0	0	3	1	3	4	0	0	1	2	1	3	3	4
20	687 Walla Walla, WA	3	2	0	0	2	2	2	2	0	0	3	3	3	3	3	3
21	640 Palo Alto, CA	1	0	0	0	1	4	4	1	0	4	4	1	4	1	2	4
23	656 St. Cloud, MN	2	4	1	0	4	1	4	2	1	2	3	2	1	3	3	3
Program Avg		3.05	3.30	1.79	0.15	3.15	2.50	3.45	3.15	1.15	2.40	3.00	2.60	2.45	2.70	2.95	3.65
Program S.D.		1.20	1.00	1.24	0.36	0.79	0.97	0.59	0.91	0.85	1.32	0.89	0.92	0.92	1.00	0.80	0.48

Table 17c. Ratings of the Importance of Services Provided Directly by PRRP Staff for FY02.

Scale:	Service	Service	Service	Service	Service of
0-4	Not	Somewhat	Moderately	Quite	Primary
	Provided	Important	Important	Important	Importance
	0	1	2	3	4

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox- ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Manage- ment	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Manage- ment	Occupational/R ecreational Therapy	Self-help Groups	Discharge Planning
PRRP																	
1 689	West Haven, CT	2	3	2	0	3	2	4	4	2	3	4	4	3	3	4	4
2 528A4	Batavia, NY	4	3	4	0	3	4	4	3	3	1	2	1	2	2	1	4
3 620	Montrose, NY	4	3	3	0	3	3	4	3	1	2	0	0	1	2	3	4
3 632	Northport, NY	4	4	1	0	3	3	4	3	2	1	4	2	1	3	3	3
4 540	Clarksburg, WV	4	2	3	0	2	4	4	4	4	0	4	0	0	4	2	4
5 512A5	Perry Point, MD	2	4	3	0	2	3	4	2	2	0	2	2	0	2	3	3
8 516	Bay Pines, FL	4	3	3	0	3	3	4	4	3	1	4	4	2	4	2	4
8 546	Miami, FL	4	3	3	0	1	2	4	4	2	2	4	1	0	3	1	4
11 515	Battle Creek, MI	4	1	4	0	3	4	4	3	3	3	4	4	4	4	4	4
12 556	North Chicago, IL	3	3	2	0	3	4	4	3	1	0	4	0	0	1	0	4
12 676	Tomah, WI	4	1	3	0	1	3	4	4	1	0	2	2	0	2	1	4
16 629	New Orleans, LA	3	3	1	0	3	3	4	3	2	0	3	1	1	4	3	4
17 674A4	Waco, TX	4	4	0	0	1	1	4	3	1	0	2	0	0	2	2	3
21 459	Honolulu, HI †	3	3	2	0	3	3	4	2	1	0	3	3	1	2	1	3
21 640	Palo Alto, CA	4	4	3	2	3	3	4	4	3	2	4	4	1	4	4	4
21 640	Palo Alto, CA	4	3	3	2	2	3	4	4	3	2	4	3	1	4	3	4
23 568A4	Hot Springs, SD	3	3	1	0	3	3	4	3	2	1	4	3	1	2	3	3
Program Avg		3.53	2.94	2.41	0.24	2.47	3.00	4.00	3.29	2.12	1.06	3.18	2.00	1.06	2.82	2.35	3.71
Program S.D.		0.70	0.87	1.09	0.64	0.78	0.77	0.00	0.67	0.90	1.06	1.15	1.50	1.11	0.98	1.19	0.46

Table 17d. Ratings of the Importance of Services Provided Directly by SA CWT/TR Staff for FY02.

Scale:	Service	Service	Service	Service	Service of
0-4	Not	Somewhat	Moderately	Quite	Primary
	Provided	Important	Important	Important	Importance
	0	1	2	3	4

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox- ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Manage- ment	Occupational/ Recreational Therapy	Self- help Groups	Discharge Planning
SA CWT/TR																	
1	523 Boston, MA	4	4	4	0	4	3	4	3	1	4	3	4	4	3	3	4
1	631 Northampton, MA	3	4	3	0	4	3	3	0	0	4	3	2	2	2	4	3
4	656A5 Pittsburgh, PA	0	4	2	0	4	3	0	0	0	4	3	4	3	1	4	4
6	590 Hampton, VA	2	4	1	0	3	3	3	2	1	4	2	2	3	0	4	4
8	573 Gainesville, FL	3	4	4	0	4	4	4	1	0	4	4	4	3	3	4	4
10	541 Cleveland, OH	3	3	3	0	3	4	3	3	2	4	3	2	3	3	4	4
11	515 Battle Creek, MI	4	4	3	0	4	0	4	3	0	4	4	4	4	3	4	4
11	550 Danville, IL	4	4	4	0	4	4	4	4	1	4	4	4	4	2	4	4
12	556 North Chicago, IL	4	4	0	0	4	0	0	0	0	4	4	4	4	4	4	4
15	589 Kansas City, MO	3	4	4	0	4	4	3	3	1	4	3	4	4	4	3	4
16	598 Little Rock, AR	3	4	3	0	4	3	3	2	1	4	3	3	3	0	3	3
20	663A4 American Lake, WA	3	4	2	0	3	3	3	3	0	4	4	3	3	3	0	4
21	640 Palo Alto, CA	3	4	3	0	3	2	3	0	0	4	3	2	3	0	3	3
23	568 Fort Meade, ND	4	4	3	0	3	3	4	2	3	4	4	3	3	1	3	4
Program Avg		3.07	3.93	2.79	0.00	3.64	2.79	2.93	1.86	0.71	4.00	3.36	3.21	3.29	2.07	3.36	3.79
Program S.D.		1.03	0.26	1.15	0.00	0.48	1.26	1.28	1.36	0.88	0.00	0.61	0.86	0.59	1.39	1.04	0.41

Scale:	Service	Service	Service	Service	Service of
0-4	Not	Somewhat	Moderately	Quite	Primary
	Provided	Important	Important	Important	Importance
	0	1	2	3	4

Table 17e. Ratings of the Importance of Services Provided Directly by HCMC CWT/TR Staff for FY02

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox - ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Manage- ment	Occupational/ Recreational Therapy	Self-help Groups	Discharge Planning
HCMC CWT/TR																	
1	518 Bedford, MA	1	2	2	0	2	3	2	3	0	4	4	1	1	1	3	3
2	528A8 Albany, NY	3	4	4	0	4	3	3	4	1	4	4	4	4	1	4	4
3	561A4 Lyons, NJ	4	4	3	0	4	4	4	2	2	4	2	4	4	2	4	4
4	595 Lebanon, PA	3	4	3	0	4	3	3	4	3	4	4	3	4	3	4	4
7	508 Atlanta, GA	4	3	3	0	3	4	4	0	0	4	3	3	4	2	4	4
12	695 Milwaukee, WI	4	4	3	0	4	4	4	3	2	4	3	3	3	3	4	4
16	635 Oklahoma City, OK	4	3	3	0	4	3	2	0	0	4	3	3	4	1	4	4
17	549 Dallas, TX	3	4	3	0	2	3	3	2	0	4	4	4	4	2	4	4
21	662 San Francisco, CA	3	4	3	0	3	1	1	2	0	4	4	4	4	1	0	4
Program Avg		3.22	3.56	3.00	0.00	3.33	3.11	2.89	2.22	0.89	4.00	3.44	3.22	3.56	1.78	3.44	3.89
Program S.D.		0.92	0.68	0.47	0.00	0.82	0.87	0.99	1.40	1.10	0.00	0.68	0.92	0.96	0.79	1.26	0.31

Table 17f. Ratings of the Importance of Services Provided Directly by PTSD and General CWT/TR Staff by FY02

VISN	SITE	Assessment and Diagnosis	Relapse Prevention	Crisis Intervention	Detox - ification	Substance Abuse Counseling	Individual Counseling	Group Counseling	Medication Management	Couples/ Family Counseling	Work Therapy	Social Skills Training	Daily Living Skills Training	Money Manage- ment	Occupational/ Recreational Therapy	Self-help Groups	Discharge Planning
PTSD CWT/TR																	
1	523 Boston, MA	4	4	4	0	4	4	4	4	1	4	4	4	4	3	3	4
General CWT/TR																	
12	676 Tomah, WI	3	4	2	0	3	3	1	2	1	4	3	3	3	1	3	4

Table 18a. Location of SARRTP Programs for FY02.†

VISN	SITE	Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Leased Property in the Community
SARRTP					
1 523	Boston, MA	1	0	0	0
1 523A5	Brockton, MA	0	0	1	0
2 528A8	Albany, NY	1	0	0	0
2 528	Buffalo, NY	1	0	0	0
3 561	East Orange, NJ	0	0	1	0
3 632	Northport, NY	0	0	1	0
4 540	Clarksburg, WV	1	0	0	0
4 595	Lebanon, PA	1	0	0	0
4 693	Wilkes Barre, PA	1	0	0	0
5 512A5	Perry Point, MD	0	0	1	0
6 637	Asheville, NC	1	0	0	0
6 658	Salem, VA	1	0	0	0
6 659	Salisbury, NC	1	0	0	0
8 516	Bay Pines, FL	1	0	0	0
8 546	Miami, FL	1	0	0	0
8 573	Gainesville, FL	1	0	0	0
9 614	Memphis, TN	1	0	0	0
10 539	Cincinnati, OH	1	0	0	0
11 515	Battle Creek, MI	1	0	0	0
11 515	Battle Creek, MI	0	0	1	0
12 537	Chicago, IL	1	0	0	0
12 578	Hines, IL	1	0	0	0
12 578	Hines, IL	1	0	0	0
12 585	Iron Mountain, MI	1	0	0	0
12 607	Madison, WI	0	0	1	0
12 676	Tomah, WI	0	0	1	0
16 586	Jackson, MS	1	0	0	0
17 549	Dallas, TX	1	0	0	0
18 678	Tucson, AZ	0	0	0	1
19 660	Salt Lake City, UT	1	0	0	0
20 531	Boise, ID	0	0	1	0
20 653	Roseburg HCS	1	0	0	0
20 687	Walla Walla, WA	1	0	0	0
23 568	Ft. Meade, ND	1	0	0	0
23 636A4	Grand Island, NE	1	0	0	0
Total SARRTP		26 (74.3%)	0 (0.0%)	8 (22.9%)	1 (2.9%)
Total All PRRTTP Programs		47 (48.5%)	22 (22.7%)	23 (23.7%)	5 (5.2%)

† 0 = no; 1 = yes.

Table 18b. Location of General PRRTTP Programs for FY02.†

VISN	SITE	Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Leased Property in the Community
PRRTTP (general)					
2	528A5 Canandaigua, NY	0	0	1	0
3	561A4 Lyons, NJ	1	0	0	0
4	595 Lebanon, PA	0	1	0	0
4	646A5 Pittsburgh, PA	0	0	1	0
5	512A5 Perry Point, MD	1	0	0	0
8	546 Miami, FL	1	0	0	0
8	573A4 Lake City, FL	1	0	0	0
10	541 Cleveland, OH	1	0	0	0
11	583 Indianapolis, IN	0	0	0	1
12	537 Chicago (West Side), IL	1	0	0	0
12	578 Hines, IL	1	0	0	0
15	589A6 Leavenworth, KS	0	0	1	0
18	501 Albuquerque, NM	0	0	1	0
18	501 Albuquerque, NM	0	0	0	1
19	666 Sheridan, WY	0	0	1	0
20	463 Anchorage, AK	0	1	0	0
20	663A4 American Lake, WA	1	0	0	0
20	687 Walla Walla, WA	1	0	0	0
21	640 Palo Alto, CA	1	0	0	0
23	656 St. Cloud, MN	1	0	0	0
Total SARRTP		11 (55.0%)	2 (10.0%)	5 (25.0%)	2 (10.0%)
Total All PRRTTP Programs		47 (48.5%)	22 (22.7%)	23 (23.7%)	5 (5.2%)

† 0 = no; 1 = yes.

Table 18c. Location of PRRP Programs for FY02.†

VISN	SITE	Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
PRRP					
1 689	West Haven, CT	0	0	1	0
2 528A4	Batavia, NY	0	0	1	0
3 620	Montrose, NY	1	0	0	0
3 632	Northport, NY	0	0	1	0
4 540	Clarksburg, WV	1	0	0	0
5 512A5	Perry Point, MD	1	0	0	0
8 516	Bay Pines, FL	1	0	0	0
8 546	Miami, FL	1	0	0	0
11 515	Battle Creek, MI	1	0	0	0
12 556	North Chicago, IL	0	0	1	0
12 676	Tomah, WI	0	0	1	0
16 629	New Orleans, LA	1	0	0	0
17 674A4	Waco, TX	1	0	0	0
21 459	Honolulu, HI †	0	0	0	1
21 640	Palo Alto, CA	0	0	1	0
21 640	Palo Alto, CA	0	0	1	0
23 568A4	Hot Springs, SD	0	0	1	0
Total PRRP		8 (47.1%)	0 (0.0%)	8 (47.1%)	1 (5.9%)
Total All PRRTTP Programs		47 (48.5%)	22 (22.7%)	23 (23.7%)	5 (5.2%)

† 0 = no; 1 = yes.

Table 18d. Location of SA CWT/TR Programs for FY02.†

VISN	SITE	Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
SA CWT/TR					
1 523	Boston, MA	0	1	0	0
1 631	Northampton, MA	0	1	0	0
4 656A5	Pittsburgh, PA	0	1	0	0
6 590	Hampton, VA	0	1	0	0
8 573	Gainesville, FL	0	0	0	1
10 541	Cleveland, OH	0	1	0	0
11 515	Battle Creek, MI	0	1	0	0
11 550	Danville, IL	0	0	1	0
12 556	North Chicago, IL	0	1	0	0
15 589	Kansas City, MO	0	1	0	0
16 598	Little Rock, AR††	0	1	0	0
20 663A4	American Lake, WA	0	1	0	0
21 640	Palo Alto, CA	0	1	0	0
23 568	Fort Meade, ND	0	1	0	0
Total SA CWT/TR		0 (0.0%)	12 (85.7%)	1 (7.1%)	1 (7.1%)
Total All PRRTTP Programs		47 (48.5%)	22 (22.7%)	23 (23.7%)	5 (5.2%)

† 0 = no; 1 = yes.

†† The program at at Little Rock utilizes a building on VA grounds as well as houses in the community.

Table 18e. Location of HCMI CWT/TR Programs for FY02.†

VISN	SITE	Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
HCMI CWT/TR					
1 518	Bedford, MA	0	1	0	0
2 528A8	Albany, NY	0	1	0	0
3 561A4	Lyons, NJ	0	1	0	0
4 595	Lebanon, PA††	1	0	0	0
7 508	Atlanta, GA	0	1	0	0
12 695	Milwaukee, WI	0	0	1	0
16 635	Oklahoma City, OK	0	1	0	0
17 549	Dallas, TX	0	1	0	0
21 662	San Francisco, CA	0	1	0	0
Total HCMI CWT/TR		1 (11.1%)	7 (77.8%)	1 (11.1%)	0 (0.0%)
Total All PR RTP Programs		47 (48.5%)	22 (22.7%)	23 (23.7%)	5 (5.2%)

† 0 = no; 1 = yes.

†† The program at Lebanon utilizes VA owned housing in the community as well a hospital ward.

Table 18f. Location of PTSD and General CWT/TR Programs for FY02.†

VISN	SITE	Program Located on VA Hospital Ward	Located in VA Owned Housing in the Community	Located in a Building on VA Grounds	Located in a Leased Property in the Community
PTSD CWT/TR					
1 523	Boston, MA	0	1	0	0
General CWT/TR					
12 676	Tomah, WI	1	0	0	0

† 0 = no; 1 = yes.

Table 19a. SARRTP Program Characteristics; Night, Weekend and Evening Coverage for FY02.†

VISN SITE			Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
SARRTP							
1	523	Boston, MA	0	1	0	0	0
1	523A5	Brockton, MA	0	1	0	0	0
2	528A8	Albany, NY	0	1	0	0	1
2	528	Buffalo, NY	1	0	0	0	1
3	561	East Orange, NJ	1	0	0	0	0
3	632	Northport, NY	0	1	0	0	0
4	540	Clarksburg, WV	1	0	0	0	0
4	595	Lebanon, PA	1	0	0	0	0
4	693	Wilkes Barre, PA	0	1	0	0	1
5	512A5	Perry Point, MD	1	0	0	0	0
6	637	Asheville, NC	1	0	0	0	0
6	658	Salem, VA	1	0	0	0	0
6	659	Salisbury, NC	1	0	0	0	0
8	516	Bay Pines, FL	1	0	0	0	0
8	546	Miami, FL	0	0	1	0	0
8	573	Gainesville, FL	1	0	0	0	0
9	614	Memphis, TN	1	0	0	0	0
10	539	Cincinnati, OH	1	0	0	0	0
11	515	Battle Creek, MI	1	0	0	0	0
11	515	Battle Creek, MI	1	0	0	0	0
12	537	Chicago, IL	1	0	0	0	0
12	578	Hines, IL	1	0	0	0	0
12	578	Hines, IL	1	0	0	0	0
12	585	Iron Mountain, MI	0	0	1	0	1
12	607	Madison, WI	1	0	0	0	0
12	676	Tomah, WI	1	0	0	0	0
16	586	Jackson, MS	1	0	0	0	0
17	549	Dallas, TX	1	0	0	0	0
18	678	Tucson, AZ	0	0	1	0	0
19	660	Salt Lake City, UT	1	0	0	0	0
20	531	Boise, ID	0	0	1	0	1
20	653	Roseburg HCS	1	0	0	0	0
20	687	Walla Walla, WA	0	0	0	1	0
23	568	Ft. Meade, ND	1	0	0	0	0
23	636A4	Grand Island, NE	0	1	0	0	0
Total SARRTP			24 (68.6%)	6 (17.1%)	4 (11.4%)	1 (2.9%)	5 (14.3%)
Total All PRRTTP Programs			49 (50.5%)	25 (25.8%)	21 (21.6%)	2 (2.1%)	12 (12.4%)

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.

Table 19b. General PR RTP Program Characteristics; Night, Weekend and Evening Coverage for FY02.†

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
PR RTP (general)						
2	528A5 Canandaigua, NY	1	0	0	0	0
3	561A4 Lyons, NJ	1	0	0	0	0
4	595 Lebanon, PA	0	1	0	0	0
4	646A5 Pittsburgh, PA	1	0	0	0	0
5	512A5 Perry Point, MD	1	0	0	0	0
8	546 Miami, FL	0	1	0	0	0
8	573A4 Lake City, FL	1	0	0	0	0
10	541 Cleveland, OH	1	0	0	0	0
11	583 Indianapolis, IN	0	0	1	0	0
12	537 Chicago (West Side), IL	1	0	0	0	0
12	578 Hines, IL	1	0	0	0	0
15	589A6 Leavenworth, KS	1	0	0	0	0
18	501 Albuquerque, NM	0	1	0	0	0
18	501 Albuquerque, NM	0	1	0	0	0
19	666 Sheridan, WY	0	1	0	0	0
20	463 Anchorage, AK	0	0	1	0	0
20	663A4 American Lake, WA	1	0	0	0	0
20	687 Walla Walla, WA	1	0	0	0	0
21	640 Palo Alto, CA	1	0	0	0	0
23	656 St. Cloud, MN	1	0	0	0	0
Total SARRTP		13 (65.0%)	5 (25%)	2 (10.0%)	0 (0.0%)	0 (0.0%)
Total All PR RTP Programs		49 (50.5%)	25 (25.8%)	21 (21.6%)	2 (2.1%)	12 (12.4%)

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.

Table 19c. PRRP Program Characteristics; Night, Weekend and Evening Coverage for FY02.†

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
PRRP						
1	689 West Haven, CT	0	1	0	0	1
2	528A4 Batavia, NY	1	0	0	0	0
3	620 Montrose, NY	1	0	0	0	0
3	632 Northport, NY	0	0	1	0	0
4	540 Clarksburg, WV	1	0	0	0	0
5	512A5 Perry Point, MD	1	0	0	0	0
8	516 Bay Pines, FL	1	0	0	0	0
8	546 Miami, FL	0	1	0	0	0
11	515 Battle Creek, MI	1	0	0	0	0
12	556 North Chicago, IL	1	0	0	0	0
12	676 Tomah, WI	1	0	0	0	0
16	629 New Orleans, LA	0	0	0	1	0
17	674A4 Waco, TX	1	0	0	0	0
21	459 Honolulu, HI †	1	0	0	0	0
21	640 Palo Alto, CA	0	0	1	0	0
21	640 Palo Alto, CA	1	0	0	0	0
23	568A4 Hot Springs, SD	1	0	0	0	0
Total PRRP		12 (70.6%)	2 (11.8%)	2 (11.8%)	1 (5.9%)	1 (5.9%)
Total All PRRTTP Programs		49 (50.5%)	25 (25.8%)	21 (21.6%)	2 (2.1%)	12 (12.4%)

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.

Table 19d. SA CWT/TR Program Characteristics; Night, Weekend and Evening Coverage for FY02.†

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour †††
SA CWT/TR						
1	523 Boston, MA	0	1	0	0	0
1	631 Northampton, MA	0	1	0	0	0
4	656A5 Pittsburgh, PA	0	1	0	0	0
6	590 Hampton, VA	0	1	0	0	0
8	573 Gainesville, FL	0	0	1	0	1
10	541 Cleveland, OH	0	1	0	0	0
11	515 Battle Creek, MI	0	0	1	0	1
12	550 Danville, IL	0	0	1	0	0
12	556 North Chicago, IL	0	1	0	0	0
15	589 Kansas City, MO	0	0	1	0	0
16	598 Little Rock, AR††	0	0	1	0	0
20	663A4 American Lake, WA	0	1	0	0	1
21	640 Palo Alto, CA	0	0	1	0	0
23	568 Fort Meade, ND	0	1	0	0	0
Total SA CWT/TR		0 (0.0%)	7 (50.0%)	7 (50.0%)	0 (0.0%)	3 (21.4%)
Total All PR RTP Programs		49 (50.5%)	25 (25.8%)	21 (21.6%)	2 (2.1%)	12 (12.4%)

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.

Table 19e. HCMI CWT/TR Program Characteristics; Night, Weekend and Evening Coverage for FY02.†

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour
HCMI CWT/TR						
1	518 Bedford, MA	0	1	0	0	0
2	528A8 Albany, NY	0	0	1	0	0
3	561A4 Lyons, NJ	0	1	0	0	1
4	595 Lebanon, PA	0	1	0	0	0
7	508 Atlanta, GA	0	0	1	0	0
12	695 Milwaukee, WI	0	0	1	0	0
16	635 Oklahoma City, OK	0	1	0	0	0
17	549 Dallas, TX	0	0	1	0	0
21	662 San Francisco, CA	0	0	1	0	1
Total HCMI CWT/TR		0 (0.0%)	4 (44.4%)	5 (55.6%)	0 (0.0%)	2 (22.2%)
Total All PR RTP Programs		49 (50.5%)	25 (25.8%)	21 (21.6%)	2 (2.1%)	12 (12.4%)

Table 19f. PTSD and General CWT/TR Program Characteristics; Night, Weekend and Evening Coverage for FY02.†

VISN	SITE	Paid VA Staff Present 24hrs/7days	House Manager or Staff Designee with VA Clinical Staff Present or Available by Phone or Pager††	House Manager or Staff Designee with VA Clinical Staff Available by Phone or Pager	Other	Times during Evening, Night and Weekends without Staff Present for more than 1 hour
PTSD CWT/TR						
1	523 Boston, MA	0	0	1	0	0
General CWT/TR						
12	676 Tomah, WI	0	1	0	0	1

† 0 = no; 1 = yes.

†† House manager (or staff designee) carries a pager when out of the residence.

††† Includes house managers or staff designee as well as VA personnel.